

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90200 009 \*\*\*\*70.00

0043165

**DOCUMENT # P10855**

1. Corporation Name

**PHI SIGMA SIGMA, INC.**

Principal Place of Business

23123 STATE ROAD 7  
SUITE 250  
BOCA RATON FL 33428

Mailing Address

23123 STATE ROAD 7  
SUITE 250  
BOCA RATON FL 33428



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/22/1986

4. FEI Number

53-0220898

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MACEY, DIANNE  
23123 STATE ROAD 7  
SUITE 250  
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE  
NAME **SENSENEY, CHRIS**  
STREET ADDRESS **262 SCOTT COURT**  
CITY-ST-ZIP **SPOTSWOOD NJ**

TITLE **D** ☐ DELETE  
NAME **MACEY, DIANNE**  
STREET ADDRESS **23123 STATE RD.7 #250**  
CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** ☒ DELETE  
NAME **KERLEY, GINA**  
STREET ADDRESS **868 URSULA LANE**  
CITY-ST-ZIP **FOSTER CITY CA**

TITLE **D** ☐ DELETE  
NAME **GRAVES, ESTHER**  
STREET ADDRESS **9804 CEDARBURG DR**  
CITY-ST-ZIP **MONCLOVA OH 43542**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D** ☐ Change ☒ Addition  
1.2 NAME **Josette George**  
1.3 STREET ADDRESS **47 Windbrooke Circle**  
1.4 CITY-ST-ZIP **Gaithersburg, MD 20879**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **V/D** ☐ Change ☒ Addition  
3.2 NAME **Kim Hildred**  
3.3 STREET ADDRESS **6484 Tayack Place**  
3.4 CITY-ST-ZIP **Alexandria, VA 22312**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Dianne L. Macey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dianne L. Macey 3/3/99

(561) 451-4415

Date

Daytime Phone #

CR2E037 (11/98)