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**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90175 012 \*\*\*\*61.25

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| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|--|

**DOCUMENT # N27516**

1. Corporation Name

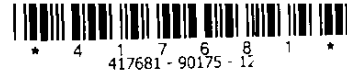
**SIGMA KAPPA HOUSE, INC.**

Principal Place of Business

503 W. PARK  
 TALLAHASSEE FL 32302  
 US

Mailing Address

POST OFFICE BOX 1052  
 TALLAHASSEE FL 32302  
 US



417681 - 90175 - 12



|   |  |                        |  |  |  |
|---|--|------------------------|--|--|--|
| 2. Principal Place of Business                  |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified            |  |
| 21 Suite, Apt. #, etc.                          |  | 26 Suite, Apt. #, etc. |  | 07/19/1988                                   |  |
| 22 City & State                                 |  | 27 City & State        |  | 4. FEI Number                                |  |
| 23 Zip  |  | 28 Zip                 |  | 59-3404256                                   |  |
| 24 Country                                      |  | 29 Country             |  | 30   |  |
| 9. Name and Address of Current Registered Agent |  |                        |  | 10. Name and Address of New Registered Agent |  |

DEMETRES, KATHRYN E.  
 639 1/2 STILES AVE  
 TALLAHASSEE FL 32303

81 Name Poplin, Susan E.  
 82 Street Address (P.O. Box Number is Not Acceptable) 308 Starmount Drive  
 83  
 84 City Tallahassee FL 85 Zip Code 32303

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 *Susan E. Poplin* *Susan E. Poplin* *4/2/99*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                              |
|----------------------------|----------------------|---|------------------------------|
| TITLE                      | D                    | 1.1 TITLE   |                              |
| NAME                       | BAILEY, CAROL C      | 1.2 NAME  |                              |
| STREET ADDRESS             | 2592 PANTHER CREEK   | 1.3 STREET ADDRESS                                    |                              |
| CITY-ST-ZIP                | TALLAHASSEE FL       | 1.4 CITY-ST-ZIP                                       |                              |
| TITLE                      | PD                   | 2.1 TITLE   | SD                           |
| NAME                       | DEMETREE, KATHRYN E. | 2.2 NAME  | Adams, Christi R.            |
| STREET ADDRESS             | 639 1/2 STILES AVE   | 2.3 STREET ADDRESS                                    | 1600-55 Eagles Landing Blvd. |
| CITY-ST-ZIP                | TALLAHASSEE FL       | 2.4 CITY-ST-ZIP                                       | Tallahassee, FL 32308        |
| TITLE                      | SD                   | 3.1 TITLE   | D                            |
| NAME                       | BOYD, SHEILA A       | 3.2 NAME  | Martelli, Susan              |
| STREET ADDRESS             | 1528 BENT WILLOW     | 3.3 STREET ADDRESS                                    | 449 Meadow Ridge Drive       |
| CITY-ST-ZIP                | TALLAHASSEE FL 32311 | 3.4 CITY-ST-ZIP                                       | Tallahassee, FL 32312        |
| TITLE                      | TD                   | 4.1 TITLE   |                              |
| NAME                       | SEEPE, TREVA L       | 4.2 NAME  |                              |
| STREET ADDRESS             | 917 ALACHUA AVE      | 4.3 STREET ADDRESS                                    |                              |
| CITY-ST-ZIP                | TALLAHASSEE FL       | 4.4 CITY-ST-ZIP                                       |                              |
| TITLE                      | VD                   | 5.1 TITLE   | PD                           |
| NAME                       | POPLIN, SUSAN E.     | 5.2 NAME  |                              |
| STREET ADDRESS             | 2000 WOODSTOCK LANE  | 5.3 STREET ADDRESS                                    | 308 Starmount Drive          |
| CITY-ST-ZIP                | TALLAHASSEE FL       | 5.4 CITY-ST-ZIP                                       | Tallahassee, FL 32303        |
| TITLE                      | D                    | 6.1 TITLE   |                              |
| NAME                       | DRAKE, ROBERTA V     | 6.2 NAME  |                              |
| STREET ADDRESS             | 2044 THOMASVILLE RD  | 6.3 STREET ADDRESS                                    |                              |
| CITY-ST-ZIP                | TALLAHASSEE FL       | 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: *Susan E. Poplin* *Susan E. Poplin* *4/2/99* *850/922-1821*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)