

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27516

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: SIGMA KAPPA HOUSE, INC.

## Current Principal Place of Business:

503 W. PARK  
TALLAHASSEE, FL 32302 US

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 1052  
TALLAHASSEE, FL 32302 US

## New Mailing Address:

FEI Number: 59-3404256

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BURKE, CHERYL G  
3012 MEGINNIS ARM RD  
TALLAHASSEE, FL 32312 US

## Name and Address of New Registered Agent:

FERLITA, STEPHANIE C  
3315 W. DELEON ST. #19  
TAMPA, FL 33609 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: STEPHANIE C. FERLITA

04/30/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BEHNKE, JENNIFER  
Address: 5407 SOMBRA DEL LAGO  
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: VD ( ) Delete  
Name: CAVANY, ADRIA  
Address: 831 LAUREL STREET  
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: TD ( ) Delete  
Name: BURKE, CHERYL G  
Address: 3012 MEGINNIS ARM RD  
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: SD ( ) Delete  
Name: VANOVER, KIMBERLY  
Address: 506 MARK RUN  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: D ( ) Delete  
Name: CARROLL, DAWN  
Address: 1020D CIRCLE TERRACE EAST  
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: D ( ) Delete  
Name: GUARD, CHRISTINE  
Address: 2906 CAPITAL PARK DRIVE  
City-St-Zip: TALLAHASSEE, FL 32301 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: FERLITA, STEPHANIE C  
Address: 3315 W. DELEON ST. #19  
City-St-Zip: TAMPA, FL 33609 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BUEGE, KRISTIE  
Address: 180 NE 17TH COURT #905  
City-St-Zip: FORT LAUDERDALE, FL 33305 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHANIE C FERLITA

TD

04/30/2009

Electronic Signature of Signing Officer or Director

Date