

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27516

FILED
Sep 21, 2012
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:

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

Name and Address of New Registered Agent:

FERLITA, STEPHANIE
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

09/21/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: SD
Name: SELBY, AMY
Address: 3315 W. DELEON ST. #19
City-St-Zip: TAMPA, FL 33609 US

Title: D
Name: FERLITA, STEPHANIE C
Address: 3315 W. DELEON ST. #19
City-St-Zip: TAMPA, FL 33609 US

Title: D
Name: VANOVER, KIMBERLY
Address: 506 MARK RUN
City-St-Zip: WINTER SPRINGS, FL 32708 US

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

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

I hereby 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 all other like empowered.

SIGNATURE: STEPHANIE C FERLITA

D

09/21/2012

Electronic Signature of Signing Officer or Director

Date