## **2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000006163

Entity Name: SIGMA PI PHI FRATERNITY SCHOLARSHIP AND

DEVELOPMENT FOUNDATION OF JACKSONVILLE, INC.

**Current Principal Place of Business:** 

12267 HAWKSTOWE LANE JACKSONVILLE, FL 32225

**Current Mailing Address:** 

248 RINCON DRIVE

SAINT AUGUSTINE, FL 32095 US

FEI Number: 45-5547005 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FERGUSON, CLEVELAND III 12267 HAWKSTOWE LANE JACKSONVILLE, FL 32225 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:

Electronic Signature of Registered Agent

Date

FILED May 13, 2022

Secretary of State

2356752240CC

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR/PRESIDENT

Name CODY, BETTY A Name FERGUSON, CLEVELAND III ESQ.

Address 10240 HEATHER GLEN DRIVE Address 12267 HAWKSTOWE LANE
City-State-Zip: JACKSONVILLE FL 32256 City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR Title DIRECTOR

Name QUARLES, LUTHER DIII Name JONES, CARLTON D

Address 6359 WHISPERING OAKS DRIVE N. Address 1732 MARAGARET STREET

City-State-Zip: JACKSONVILLE FL 32277 City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR/TREASURER Title DIRECTOR

NameQUARLES, PAMELANameMITCHELL, ORRIN DDDSAddress6359 WHISPERING OAKS DRIVE N.Address5365 OAK BAY DRIVE E.

City-State-Zip: JACKSONVILLE FL 32277 City-State-Zip: JACKSONVILLE FL 32277

Title DIRECTOR/SECRETARY Title DIRECTOR

Name CROOM, WILLIAM B. Name BROWN, LEONARD D ESQ.

Address 248 RINCON DRIVE Address 1272 PONTE VEDRA BLVD

City-State-Zip: SAINT AUGUSTINE FL 32095 City-State-Zip: PONTE VEDRA BEACH FL 32082

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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: CLEVELAND FERGUSON

**PRESIDENT** 

05/13/2022

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR/SECRETARY
Name HARLEY, LANGSTON C
Address 408 E. KESLEY LANE
City-State-Zip: SAINT JOHNS FL 32259