

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000006163

Entity Name: SIGMA PI PHI FRATERNITY SCHOLARSHIP AND
DEVELOPMENT FOUNDATION OF JACKSONVILLE, INC.**FILED**
Feb 17, 2021
Secretary of State
9242747784CC**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: Yes****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

Officer/Director Detail :

Title	DIRECTOR
Name	CODY, BETTY A
Address	10240 HEATHER GLEN DRIVE
City-State-Zip:	JACKSONVILLE FL 32256

Title	DIRECTOR/PRESIDENT
Name	FERGUSON, CLEVELAND III ESQ.
Address	12267 HAWKSTOWE LANE
City-State-Zip:	JACKSONVILLE FL 32225

Title	DIRECTOR
Name	QUARLES, LUTHER DIII
Address	6359 WHISPERING OAKS DRIVE N.
City-State-Zip:	JACKSONVILLE FL 32277

Title	DIRECTOR
Name	JONES, CARLTON D
Address	1732 MARAGARET STREET
City-State-Zip:	JACKSONVILLE FL 32204

Title	DIRECTOR/TREASURER
Name	QUARLES, PAMELA
Address	6359 WHISPERING OAKS DRIVE N.
City-State-Zip:	JACKSONVILLE FL 32277

Title	DIRECTOR
Name	MITCHELL, ORRIN DDDS
Address	5365 OAK BAY DRIVE E.
City-State-Zip:	JACKSONVILLE FL 32277

Title	DIRECTOR/SECRETARY
Name	CROOM, WILLIAM B.
Address	248 RINCON DRIVE
City-State-Zip:	SAINT AUGUSTINE FL 32095

Title	DIRECTOR
Name	BROWN, LEONARD D ESQ.
Address	1272 PONTE VEDRA BLVD
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 III**PRESIDENT****02/17/2021**

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