2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2024
Secretary of State
5127171010CC

DOCUMENT# N93000005533

Entity Name: BETA TAU CHAPTER HOUSE CORPORATION OF SIGMA KAPPA SORORITY

Current Principal Place of Business:

1108 E PANHELLENIC DR
GAINESVILLE, FL 32601

Current Mailing Address:

SIGMA KAPPA NHC
695 PRO MED LANE SUITE 300
CARMEL, IN 46032 US

FEI Number: 59-3189916

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WATSON, JEANNEEN COLEMAN
1108 EAST PANHELLENIC DRIVE
GAINESVILLE, FL 32601 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: JEANNEEN COLEMAN WATSON 02/08/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	WATSON, JEANNEEN COLEMAN
Address	10849 LEMON LAKE BOULEVARD
City-State-Zip:	ORLANDO FL 32836

Title	TREASURER
Name	SEEKFORD, PAIGE
Address	87 RIVERBIRCH WAY
City-State-Zip:	SHARPSBURG GA 30277

Title	DIRECTOR
Name	ABREU, DENISE
Address	1010 COLERIDGE WAY
City-State-Zip:	SUWANNEE GA 30024

Title	DIRECTOR
Name	CONNERAT, NANCY
Address	301 PALATINE PLACE
City-State-Zip:	PEACHTREE CITY GA 30269

Title	VP
Name	CROSSETT, FANE
Address	518 PAUMA VALLEY COURT
City-State-Zip:	MELBOURNE FL 32940

Title	SECRETARY
Name	NETZER, LINDA
Address	18011 PINE HAMMOCK BLVD
City-State-Zip:	LUTZ FL 33548

Title	DIRECTOR
Name	SIMS, CHRISTINA
Address	4465 COUNTRY ROAD
City-State-Zip:	MELBOURNE FL 32934

Title	DIRECTOR
Name	POWERS, TRACEY
Address	1820 TARPON LN APT E203
City-State-Zip:	VERO BEACH FL 32960

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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: JEANNEEN COLEMAN WATSON PRESIDENT 02/08/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	HAMILTON, SHARON
Address	1010 COLERIDGE WAY
City-State-Zip:	SUWANEE FL 30024

Title	DIRECTOR
Name	HERNANDEZ, GABRIELA
Address	3855 SW 128TH AVE
City-State-Zip:	MIAMI FL 33175