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FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 763911 (5)

1. Corporation Name
DELTA TAU DELTA HOUSE CORPORATION OF THE UNIVERSITY OF WEST FLORIDA, INC.



Principal Place of Business 14810 FARNHAM WAY 1257 RAMBLEWOOD LANE TAMPA FL 33624 US	Mailing Address 14810 FARNHAM WAY 1257 RAMBLEWOOD LANE TAMPA FL 33624-2618 US
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3. Date Incorporated or Qualified 06/24/1982	3a. Date of Last Report 05/01/1996
4. FEI Number 23-7166971	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

**GREENFIELD, BARRY
14810 FARNHAM WAY
TAMPA FL 33624**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LOCKE, BRIAN	
STREET ADDRESS	985 URBAN DRIVE	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SEABROOK, DUDLEY	
STREET ADDRESS	3705 DURANGO DR.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	GREENFIELD, BARRY	
STREET ADDRESS	14810 FARNHAM WAY	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCCABE, MIKE	
STREET ADDRESS	650 E BURGESS RD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOONEY, CHRIS	
STREET ADDRESS	710 SCENIC HWY	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COMER, CHARLES	
STREET ADDRESS	1399 JASMA LN	
CITY-ST-ZIP	PENSACOLA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	David Leval President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	David Leval	
1.3 STREET ADDRESS	105 Beach Dr. Suite B1	
1.4 CITY-ST-ZIP	Ft. Walton Beach, FL 32547	
2.1 TITLE	V. President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rob Hanschue	
2.3 STREET ADDRESS	15 Tower Drive	
2.4 CITY-ST-ZIP	Pensacola, FL 32534	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mike Cantwell	
4.3 STREET ADDRESS	15 Tower Drive	
4.4 CITY-ST-ZIP	Pensacola, FL 32534	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Bill Garrett	
5.3 STREET ADDRESS	334 Okaloosa Road	
5.4 CITY-ST-ZIP	Ft. Walton Beach, FL 32548	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **4/29/97** 813-833-4444

CR2E037 (9/96)