

FILE NOW: FILING FEE IS \$61.25

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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 1457 RAMBLEWOOD LANE TAMPA FL 33624 US	Mailing Address 14810 FARNHAM WAY 1257 RAMBLEWOOD LANE TAMPA FL 33624 US
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3. Date Incorporated or Qualified 06/24/1982	
4. FEI Number 23-7166971	Applied For <input type="checkbox"/> Not Applicable

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

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME LEVAL, DAVID	1.1 TITLE VP, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 105 BEACH DR., STE. B1	CITY-ST-ZIP FT. WALTON BEACH FL	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE VP	NAME HANSCHUE, ROB	2.1 TITLE President, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 15 TOWER DRIVE	CITY-ST-ZIP PENSACOLA FL	2.2 NAME Dave Gauthrop	
		2.3 STREET ADDRESS 15 Tower Drive	
		2.4 CITY-ST-ZIP Pensacola, FL	
TITLE ST	NAME GREENFIELD, BARRY	3.1 TITLE Secretary, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 14810 FARNHAM WAY	CITY-ST-ZIP TAMPA FL	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE D	NAME CANTWELL, MIKE	4.1 TITLE Treasurer, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 15 TOWER DRIVE	CITY-ST-ZIP PENSACOLA FL	4.2 NAME Chris Mooney	
		4.3 STREET ADDRESS 15 Tower Drive	
		4.4 CITY-ST-ZIP Pensacola, FL	
TITLE D	NAME GARRETT, BILL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 334 OKALOOSA RD	CITY-ST-ZIP FT. WALTON BEACH FL	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE D	NAME COMER, CHARLES	6.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1399 JASMA LN	CITY-ST-ZIP PENSACOLA FL	6.2 NAME Craig Sanchez	
		6.3 STREET ADDRESS 15 Tower Drive	
		6.4 CITY-ST-ZIP Pensacola, FL	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Barry Greenfield* **REQUIRED** 4/25/98 813-877-4444

CR2E037 (10/97)