

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90066 023 \*\*\*\*61.25

0051208

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 763911

1. Corporation Name

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

Principal Place of Business

14810 FARNHAM WAY  
 TAMPA FL 33624  
 US

Mailing Address

14810 FARNHAM WAY  
 TAMPA FL 33624  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/24/1982

4. FEI Number

23-7166971

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD  DELETE  
 NAME LEVAL, DAVID  
 STREET ADDRESS 105 BEACH DR., STE. B1  
 CITY-ST-ZIP FT. WALTON BEACH FL

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE PD  DELETE  
 NAME GAWTHROP, DAVE  
 STREET ADDRESS 15 TOWER DRIVE  
 CITY-ST-ZIP PENSACOLA FL

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE SD  DELETE  
 NAME GREENFIELD, BARRY  
 STREET ADDRESS 14810 FARNHAM WAY  
 CITY-ST-ZIP TAMPA FL

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE TD  DELETE  
 NAME MOONEY, CHRIS  
 STREET ADDRESS 15 TOWER DRIVE  
 CITY-ST-ZIP PENSACOLA FL

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE D  DELETE  
 NAME GARRETT, BILL  
 STREET ADDRESS 334 OKALOOSA RD  
 CITY-ST-ZIP FT. WALTON BEACH FL

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE D  DELETE  
 NAME SANCHEZ, CRAIG  
 STREET ADDRESS 1399 JASMA LN  
 CITY-ST-ZIP PENSACOLA FL

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*Barry Greenfield*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99  
 Date

813-877-4444  
 Daytime Phone #

CR2E037 (11/98)