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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N15327 (2)
1. Corporation Name
ZETA OMEGA CHAPTER OF ALPHA DELTA PI HOUSE CORPORATION

Principal Place of Business 4207 GREEK PARK DRIVE ORLANDO FL 32816	Mailing Address 4207 GREEK PARK DRIVE ORLANDO FL 32816
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/12/1986	3a. Date of Last Report 02/17/1994
4. FEI Number 59-2799202	Applied For 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**HEMAN, BETH, M
4207 GREEK PARK DRIVE
ORLANDO FL 32816**

10. Name and Address of New Registered Agent

81. Name BETH M. HAMILTON
82. Street Address (P.O. Box Number is Not Acceptable) 4207 GREEK PARK DRIVE
83. City ORLANDO FL 32816

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Beth M. Hamilton* **BETH M. HAMILTON, President** **3-15-95**
DATE

12. OFFICERS AND DIRECTORS

TITLE PD	NAME HEMAN, BETH M.	STREET ADDRESS 273 LIVERPOOL COVE LONGWOOD FL
TITLE TD	NAME SCHUMACHER, JOYCE, M	STREET ADDRESS 10568 SATINWOOD CIRCLE ORLANDO FL
TITLE VD	NAME MILLIOT, PATRICIA C	STREET ADDRESS 488 PRESSVIEW AVE. LONGWOOD FL
TITLE SD	NAME ROBINSON, GAIL	STREET ADDRESS 219 FLAME AVE MAITLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	1.2 NAME BETH M. HAMILTON	1.3 STREET ADDRESS 273 Liverpool Cove Longwood, Florida 32779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE TD	2.2 NAME AMY W. CORBIN	2.3 STREET ADDRESS 2857 Broward Court Oviedo, Florida 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE SD	4.2 NAME LYNN Z. MESSINA	4.3 STREET ADDRESS 604 Valencia Place Circle Orlando, Florida 32825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 *Beth M. Hamilton* **BETH M. HAMILTON, President** **3-15-95**
DATE

407/862-9708