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 Secretary of State



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morfitt
 Secretary of State
 DIVISION OF CORPORATIONS

NONPROFIT CORPORATION
 ANNUAL REPORT
 1997

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

2. Principal Place of Business (21-24)
 2a. Mailing Address (25-28)
 22. Suite, Apt. #, etc.
 23. City & State
 24. Zip, Country

3. Date Incorporated or Qualified: 06/12/1986
 3a. Date of Last Report: 03/26/1996
 4. FEI Number: 59-2799282
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
 HAMILTON, BETH M
 4207 REEK PARK DRIVE
 ORLANDO FL 32816

10. Name and Address of New Registered Agent
 81 Name: Katrina Jackson
 82 Street Address (P.O. Box Number is Not Acceptable): 4207 GREEK PARK DRIVE
 84 City: Orlando FL 85 Zip Code: 32816

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: KRS Jackson, President DATE: 3/10/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HAMILTON, BETH M 273 LIVERPOOL COVE LONGWOOD FL	1.1 TITLE	President Katrina R. Jackson 2489 Whitehall Circle Winter Park, FL 32792
NAME	TD CORBIN, AMY W 2857 BROWARD COURT OVIEDO FL	1.2 NAME	Treasurer Stacey J. Pinson 1711 Sunnyside Drive Maitland, FL 32751
STREET ADDRESS	VD MILLIOT, PATRICIA C 488 PRESSVIEW AVE. LONGWOOD FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	SD MESSINA, LYNN Z 604 VALENCIA PLACE CIRCLE ORLANDO FL	1.4 CITY-ST-ZIP	
		2.1 TITLE	
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		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)(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: KRS Jackson DATE: 1/13/97

CR2E037 (9/96)