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NONPROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # N15327

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



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	06/12/1986
23. City & State	27. City & State	4. FEI Number
24. Zip	28. Zip	59-2799282
25. Country	29. Country	Applied For
	30. Country	Not Applicable
9. Name and Address of Current Registered Agent		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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JACKSON, KATRINA R. 4207 GREEK PARK DRIVE ORLANDO FL 32816		81. Name	Beth M. Hamilton
		82. Street Address (P.O. Box Number is Not Acceptable)	4207 Greek Park Drive
		83.	
		84. City	Orlando
		85. Zip Code	FL 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: Beth M. Hamilton DATE: 1/11/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	PD
NAME	JACKSON, KATRINA R.	1.2 NAME	Sharon C. Minter
STREET ADDRESS	2489 WHITEHALL CIRCLE	1.3 STREET ADDRESS	4202 Woodlyne Lane
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	Orlando, FL 32812
TITLE	T	2.1 TITLE	TD
NAME	PINSON, STACY J.	2.2 NAME	Penny H. Cunningham
STREET ADDRESS	1711 SUNNYSIDE DRIVE	2.3 STREET ADDRESS	3580 Emerywood Lane
CITY-ST-ZIP	MAITLAND FL	2.4 CITY-ST-ZIP	Orlando, FL 32812
TITLE	VD	3.1 TITLE	
NAME	MILLIOT, PATRICIA C	3.2 NAME	
STREET ADDRESS	488 PRESSVIEW AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	MESSINA, LYNN Z	4.2 NAME	
STREET ADDRESS	604 VALENCIA PLACE CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Penny H. Cunningham Penny H. Cunningham 1/12/99 (407) 855-5735

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)