

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93591 030 ****61.25

DOCUMENT # N15327

1. Entity Name

ZETA OMEGA CHAPTER OF ALPHA DELTA PI HOUSE CORPORATION

Principal Place of Business

Mailing Address

4207 GREEK PARK DRIVE
 ORLANDO FL 32816

4207 GREEK PARK DRIVE
 ORLANDO FL 32816

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2799282

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMILTON, BETH M
4207 GREEK PARK DRIVE
ORLANDO FL 32816

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **YANAS, KELLY M**
 STREET ADDRESS **1001 BIG OAKS BLVD**
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **CUNNINGHAM, PENNY H.**
 STREET ADDRESS **3580 EMERYWOOD LANE**
 CITY-ST-ZIP **ORLANDO FL 32812**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **FARROW, STACI M**
 STREET ADDRESS **425 WILMINGTON CIR**
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **V/D** Change Addition
 NAME **BOGERT, DOROTHEA**
 STREET ADDRESS **106 PIANO LANE**
 CITY-ST-ZIP **DAVENPORT, FL 33896**

TITLE **SD** Delete
 NAME **KRAWCZYK, GINA**
 STREET ADDRESS **1970 CRYSTAL DOWNS CT**
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **S/D** Change Addition
 NAME **RAYMOND, WENDI**
 STREET ADDRESS **2305 DEBRA DR. #2932**
 CITY-ST-ZIP **ORLANDO, FL 32835**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **TURNER, TRACY**
 STREET ADDRESS **17440 WOODFAIR DR.**
 CITY-ST-ZIP **CLERMONT, FL 34711**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Penny H. Cunningham*
Penny H. Cunningham, Treasurer

5/18/02

(407) 855-5735

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)