

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2005
Secretary of State**

DOCUMENT# N15327

Entity Name: ZETA OMEGA CHAPTER OF ALPHA DELTA PI HOUSE CORPORATION

Current Principal Place of Business:

4207 GREEK PARK DRIVE
ORLANDO, FL 32816

New Principal Place of Business:

Current Mailing Address:

4207 GREEK PARK DRIVE
ORLANDO, FL 32816

New Mailing Address:

FEI Number: 59-2799282 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAMILTON, BETH M
4207 GREEK PARK DRIVE
ORLANDO, FL 32816 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: YANAS, KELLY M
Address: 1001 BIG OAKS BLVD
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: CUNNINGHAM, PENNY H.
Address: 3580 EMERYWOOD LANE
City-St-Zip: ORLANDO, FL 32812

Title: PD () Delete
Name: BOGERT, DOROTHEA
Address: 1852 STARGAZER TER
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: RAYMOND, WENDI
Address: 9418 PALM DR
City-St-Zip: WINDERMERE, FL 34786

Title: TD () Delete
Name: TURNER, TRACY
Address: 17440 WOODFAIR DR.
City-St-Zip: CLERMONT, FL 34711

Title: SD (X) Delete
Name: MILLER, PATRICIA
Address: 860 WESLEY CIR, #208
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACY J TURNER

_____ Electronic Signature of Signing Officer or Director

T

04/30/2005

_____ Date