

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N30250 (7)
1. Corporation Name
UNIVERSITY OF CENTRAL FLORIDA ALPHA TAU OMEGA HO USING CORPORATION, INC.



Principal Place of Business Mailing Address
2584 WESTMINSTER TERR. OVIEDO FL 32765 **2584 WESTMINSTER TERR. OVIEDO FL 32765**

3. Date Incorporated or Qualified **01/19/1989** 3a. Date of Last Report **10/03/1995**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **59-2956326** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25 29 30

9. Name and Address of Current Registered Agent
**WEAVER, DOUGLAS J
2584 WESTMINSTER TERR.
OVIEDO FL 32765**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEAVER, DOUGLAS J	12 NAME	
STREET ADDRESS	2584 WESTMINSTER TERR.	13 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL 32765	14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VT <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEOLLER, CHARLES	22 NAME	
STREET ADDRESS	1161 MAYFIELD AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAH, KENNETH	32 NAME	
STREET ADDRESS	800 WEST MORSE BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DONAHUE, BRUCE	42 NAME	
STREET ADDRESS	3423 ALL AMERICAN BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32810	44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAL, GLEN	52 NAME	
STREET ADDRESS	501 S. NEW YORK AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 119.07(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: Douglas J. Weaver **2/5/96 (407) 366-4566**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E037 (12/95)