


# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N30250</b> 1. Entity Name UNIVERSITY OF CENTRAL FLORIDA ALPHA TAU OMEGA HOUSING CORPORATION, INC.	
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Principal Place of Business 4419 GREEK CT. ORLANDO, FL 32816 US	Mailing Address P O BOX 3072 WINTER PARK, FL 32790 US
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State	Zip	Country
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<b>6. Name and Address of Current Registered Agent</b>  MURRAH, KENNETH F 800 W MORSE BLVD, #1 WINTER PARK, FL 32789	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

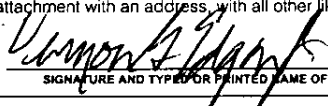
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	STARKS, GEORGE W
STREET ADDRESS	4814 E. LAKE DR.
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	SD <input type="checkbox"/> Delete
NAME	MURRAH, KENNETH
STREET ADDRESS	800 WEST MORSE BLVD.
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D <input type="checkbox"/> Delete
NAME	O'DONOGHUE, W BRUCE
STREET ADDRESS	707 NICOLE AVENUE, #100
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	STANAKIS, MARC C
STREET ADDRESS	1718 LYNDALD BLVD
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	VPD <input checked="" type="checkbox"/> Delete
NAME	GREEN, THOMAS E
STREET ADDRESS	100 COLONIAL CTR PKWY, #100
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	PTD <input type="checkbox"/> Delete
NAME	EDGAR, VERNON
STREET ADDRESS	631 W. FAIRBANKS AVE., SUITE B
CITY-ST-ZIP	WINTER PARK, FL 32789

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	100106259891
CITY-ST-ZIP	07/17/07--01020--012 **\$61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

<b>SIGNATURE:</b> 	Vernon G. Edgar Jr.	6/29/07	407-647-3266
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Date	Daytime Phone #

FILED

07 JUL -5 PM 12:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06292007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2956326	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	