2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N38040

Entity Name: EPSILON LAMBDA CHAPTER OF ALPHA DELTA PI HOUSE CORPORATION

Current Principal Place of Business:

4202 E. FOWLER AVE
USF 30212
TAMPA, FL 33620 US

New Principal Place of Business:

Current Mailing Address:

4202 E. FOWLER AVE
USF 30212
TAMPA, FL 33620 US

New Mailing Address:

FEI Number: 59-3023149 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAWELKOP, JESSICA
4208 S LYNWOOD AVE
TAMPA, FL 33611 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:	DT	( ) Delete
Name:	REAGAN, JILL	
Address:	4202 E. FOWLER AVE	
City-St-Zip:	TAMPA, FL 33620	
Title:	DS	( ) Delete
Name:	MERSSNER, MELINDA	
Address:	5125 PALM SPRINGS BLVD 6302	
City-St-Zip:	TAMPA, FL 33047	
Title:	PPM	( ) Delete
Name:	PAWLKOP, JESSICA	
Address:	4208 S. LYNWOOD AVE	
City-St-Zip:	TAMPA, FL 33611	
Title:	DVP	( ) Delete
Name:	MONTEITH, APRIL	
Address:	5125 PALM SPRINGS BLVD 6302	
City-St-Zip:	TAMPA, FL 33047	

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
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: JESSICA POWLKOP PPM 04/30/2004

Electronic Signature of Signing Officer or Director — Date