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**Apr 25 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # N43306 (2)

1. Corporation Name
**GAMMA IOTA CHAPTER OF ALPHA DELTA PI HOUSE CORPO
RATION**



Principal Place of Business Mailing Address
**831 W. PANHELLENIC DRIVE
GAINESVILLE FL 32601
US** **831 W. PANHELLENIC DRIVE
GAINESVILLE FL 32601-7864
US**

3. Date Incorporated or Qualified **05/08/1991** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-0641930	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**BALLOON, SUSAN H
3927 N.W. 42ND COURT
GAINESVILLE FL 32606**

10. Name and Address of New Registered Agent
81 Name *Susan H. Balloon*
82 Street Address (P.O. Box Number is Not Acceptable) *6506 N.W. 56th Lane*
83
84 City *Gainesville* **FL** **85** Zip Code *32653*

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	
TITLE	D <input type="checkbox"/> DELETE
NAME	DEVIESE, CAROLE
STREET ADDRESS	8502 S.W. 52ND PLACE
CITY-ST-ZIP	GAINESVILLE FL 32608
TITLE	D <input type="checkbox"/> DELETE
NAME	WATSON, KAROLYN H
STREET ADDRESS	2814 N.W. 13TH COURT
CITY-ST-ZIP	GAINESVILLE FL 32605
TITLE	D <input type="checkbox"/> DELETE
NAME	ANDERSON, JOAN B
STREET ADDRESS	P.O. BOX 343 N/A
CITY-ST-ZIP	MELROSE FL 32666
TITLE	D <input type="checkbox"/> DELETE
NAME	BALLOON, SUSAN H
STREET ADDRESS	3927 N.W. 42ND COURT
CITY-ST-ZIP	GAINESVILLE FL 32606
TITLE	D <input type="checkbox"/> DELETE
NAME	KIRKPATRICK, PEGGY B
STREET ADDRESS	2531 N.W. 41ST STREET #D
CITY-ST-ZIP	GAINESVILLE FL 32606
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<i>Heather White</i>
1.3 STREET ADDRESS	<i>230 N. Pine Avenue</i>
1.4 CITY-ST-ZIP	<i>Inverness, FL 34450</i>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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.

CR2E037 (9/96)