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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N43306**

1. Corporation Name
GAMMA IOTA CHAPTER OF ALPHA DELTA PI HOUSE CORPORATION

Principal Place of Business
 831 W. PANHELLENIC DRIVE
 GAINESVILLE FL 32601
 US

Mailing Address
 831 W. PANHELLENIC DRIVE
 GAINESVILLE FL 32601
 US



21	2a	3
Principal Place of Business	Mailing Address	Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	05/08/1991
22	27	4
City & State	City & State	FEI Number
23	28	59-0641930
Zip	Zip	Applied For
Country	Country	Not Applicable
25	29	5
Country	Country	Certificate of Status Desired <input type="checkbox"/>
29	30	\$8.75 Additional Fee Required
Country	Country	6
Country	Country	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
Country	Country	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BALLOON, SUSAN H
 6506 NW 56TH LN
 GAINESVILLE FL 32653

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL 85 Zip Code

I, the undersigned, being a resident qualified person, do hereby certify that I am a duly authorized officer 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)

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 MONTHS	
NAME	DATE	13. TITLE	DATE
D LAMOND, JOANNE 11624 NW 129TH TERRACE ALACHUA FL 32615	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D WATSON, KAROLYN H 2814 N.W. 13TH COURT GAINESVILLE FL 32605	<input type="checkbox"/> DELETE	1.2 NAME	
D ANDERSON, JOAN B 3863 STATE ROAD 21 N KEYSTONE HEIGHTS FL 32656	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
D BALLOON, SUSAN H 3927 N.W. 42ND COURT GAINESVILLE FL 32606	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
D KIRKPATRICK, PEGGY B 2531 N.W. 41ST STREET #D GAINESVILLE FL 32606	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D WHITE, HEATHER 230 N PINE AVE INVERNESS FL	<input type="checkbox"/> DELETE	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	

I 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, with all other like empowered.

SIGNATURE: Susan H. Balloon, Treas. 2-11-99 352-373-0233

CR2E037 (1/198)