


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N43306 1. Entity Name GAMMA IOTA CHAPTER OF ALPHA DELTA PI HOUSE CORPORATION	
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Principal Place of Business 831 W. PANHELLENIC DRIVE GAINESVILLE, FL 32601 US	Mailing Address 831 W. PANHELLENIC DRIVE GAINESVILLE, FL 32601 US
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02242005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-0641930	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BALLOON, SUSAN H
 10614 SW 52ND AVENUE
 GAINESVILLE, FL 32608**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEELAND, LOHSE B 2505 NW 18TH WAY GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATSON, KAROLYN H 2814 NW 13TH CT GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLOSE, MARIAN 8806 S.W. 42ND PLACE GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLOON, SUSAN H 10614 SW 52ND AVENUE GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIRKPATRICK, PEGGY B 5203 NW 49TH LANE GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, HEATHER 230 N PINE AVE INVERNESS, FL

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 04/27/05-80127-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: Susan H. Balloon Date: 4-18-05 Daytime Phone #: 352-373-0223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR