


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 21, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90196 045 \*\*\*\*61.25

**DOCUMENT # N43306**

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



Principal Place of Business      Mailing Address

**831 W. PANHELLENIC DRIVE      831 W. PANHELLENIC DRIVE**  
**GAINESVILLE, FL 32601 US      GAINESVILLE, FL 32601 US**

**66020177**



04252006 No Chg-NP      CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0641930**      Applied For  
 Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BEELAND, LOHSE B
STREET ADDRESS	2505 NW 18TH WAY
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	D
NAME	WATSON, KAROLYN H
STREET ADDRESS	2814 NW 13TH CT
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	D
NAME	CLOSE, MARIAN
STREET ADDRESS	8608 S.W. 42ND PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	D
NAME	BALLOON, SUSAN H
STREET ADDRESS	10614 SW 52ND AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	D
NAME	KIRKPATRICK, PEGGY B
STREET ADDRESS	5203 NW 49TH LANE
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	D
NAME	WHITE, HEATHER
STREET ADDRESS	230 N PINE AVE
CITY-ST-ZIP	INVERNESS, FL

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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.

SIGNATURE: Susan H. Balloon      Susan H. Balloon      6-17-06      352-373-0233  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #