

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43306

FILED  
Apr 28, 2009  
Secretary of State

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

**Current Principal Place of Business:**

831 W. PANHELLENIC DRIVE  
GAINESVILLE, FL 32601 US

**New Principal Place of Business:**

**Current Mailing Address:**

831 W. PANHELLENIC DRIVE  
GAINESVILLE, FL 32601 US

**New Mailing Address:**

**FEI Number:** 59-0641930      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BALLOON, SUSAN H  
10614 SW 52ND AVENUE  
GAINESVILLE, FL 32608 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: D ( ) Delete  
Name: BOVAY, LESLIE  
Address: 6305 SW 103RD ST  
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete  
Name: WATSON, KAROLYN H  
Address: 2814 NW 13TH CT  
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Delete  
Name: CLOSE, MARIAN  
Address: 8806 S.W. 42ND PLACE  
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete  
Name: BALLOON, SUSAN H  
Address: 10614 SW 52ND AVENUE  
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete  
Name: WHITE, HEATHER  
Address: 230 N PINE AVE  
City-St-Zip: INVERNESS, FL

**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:

Title: D (X) Change ( ) Addition  
Name: FARRIS, STACIE  
Address: 102 SWANS NEST CIRCLE  
City-St-Zip: MELROSE, FL 32666

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SUSAN H. BALLOON

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

TREA

04/28/2009

\_\_\_\_\_  
Date