

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90297 031 ****61.25

DOCUMENT # N43306



1. Entity 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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0641930**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BEELAND, LOHSE B	
STREET ADDRESS	2505 NW 18TH WAY	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATSON, KAROLYN H	
STREET ADDRESS	2814 NW 13TH CT	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, JOAN B	
STREET ADDRESS	3863 STATE ROAD 21 N	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALLOON, SUSAN H	
STREET ADDRESS	10614 SW 52ND AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32608	
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	D	<input type="checkbox"/> Delete
NAME	WHITE, HEATHER	
STREET ADDRESS	230 N PINE AVE	
CITY-ST-ZIP	INVERNESS FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Marian Close</i>	
STREET ADDRESS	<i>8806 S.W. 42nd Place</i>	
CITY-ST-ZIP	<i>Gainesville, FL 32608</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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** 4-22-03 352-373-1233

CR2E037 (10/02)