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**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90074 028 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # 701632**

1. Corporation Name

**ALPHA ETA HOUSE CORPORATION OF DELTA DELTA DELTA**

Principal Place of Business

1215 BIG OAK ST.  
TALLAHASSEE FL 32308

Mailing Address

1215 BIG OAK ST.  
TALLAHASSEE FL 32308



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

Country

30

3. Date Incorporated or Qualified

11/04/1960

4. FEI Number

59-6140415

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

STONE, ANNE  
1318 DILLARD ST.  
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name Hogenmuller, Janice W.

82 Street Address (P.O. Box Number is Not Acceptable)

507 Carr Lane

83

84 City Talla

FL

85 Zip Code 32312

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 Janice W. Hogenmuller  
Signature, typed or printed name of registered agent and title if applicable.

Janice W. Hogenmuller  
(NOTE: Registered Agent signature required when reinstating)

3/26/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE DV ☐ DELETE  
NAME MUNROE, LYNN  
STREET ADDRESS 1215 BIG OAK ST.  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE DP ☐ DELETE  
NAME TALLMAN, DEE  
STREET ADDRESS 4803 LANCASHURE LANE  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE SD ☐ DELETE  
NAME BURKHOLDER, SANDRA  
STREET ADDRESS 1211 SANDHURST DR.  
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE TD ☒ DELETE  
NAME STONE, ANN  
STREET ADDRESS 1318 DILLARD ST  
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME Janice W. Hogenmuller  
4.3 STREET ADDRESS 507 Carr Lane  
4.4 CITY-ST-ZIP Tallahassee, FL 32312

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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: Janice W. Hogenmuller  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/99  
Date

850-487-1216  
Daytime Phone #

CR2E037 (1/98)