

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90212 004 \*\*\*\*61.25

**DOCUMENT # 701632**

1. Entity Name

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



Principal Place of Business

**507 CARR LANE  
TALLAHASSEE FL 32312  
US**

Mailing Address

**507 CARR LANE  
TALLAHASSEE FL 32312  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-6140415**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOGENMULLER, JANICE W  
507 CARR LANE  
TALLAHASSEE FL 32312**

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

Signature of registered agent and title if applicable

(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	DP	<input checked="" type="checkbox"/> Delete
NAME	HOWERTON, BARBARA	
STREET ADDRESS	3037 CLOUDLAND DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32312-1802	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TALLMAN, DEE	
STREET ADDRESS	4803 LANCASHURE LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32308-2965	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BURKHOLDER, SANDRA	
STREET ADDRESS	1211 SANDHURST DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOGENMULLER, JANICE W	
STREET ADDRESS	507 CARR LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Munroe, Lynn	
STREET ADDRESS	1215 Big Oak Street	
CITY-ST-ZIP	Tallahassee, FL 32311-3803	
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 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: *Janice W. Hogenmuller* Janice W. Hogenmuller 4/28/03 850 893-0294

CR2E037 (10/02)