2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005
Secretary of State

DOCUMENT# 703210

Entity Name: DELTA THETA HOUSE CORPORATION OF KAPPA ALPHA THETA FRATERNITY, INC.

Current Principal Place of Business:

715 SW 10TH STREET
GAINESVILLE, FL 32601 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 357805
ATTN MERRY LYNNE WILSON
GAINESVILLE, FL 326357805

New Mailing Address:

FEI Number: 59-2067485 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, MERRY LYNNE
2630-B NW 41ST STREET
GAINESVILLE, FL 32606 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: TD ( ) Delete
Name: WILSON, MERRY LYNNE
Address: 2630-B NW 41ST STREET
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Delete
Name: CROSSON, SUSAN,
Address: 4910 NW 51ST DR
City-St-Zip: GAINESVILLE, FL

Title: P ( ) Delete
Name: BOLLINGER, LESLIE A
Address: 1216 SW 98TH ST
City-St-Zip: GAINESVILLE, FL 32607

Title: D ( ) Delete
Name: DARR, NANCY
Address: 10170 SW 48TH PL
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete
Name: DAMPIER, ZENA
Address: 2000 SW 44TH AVE
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete
Name: PAIGE, FRENCH
Address: 12411 SW 28TH PL
City-St-Zip: ARCHER, FL 32618

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MERRY LYNNE WILSON TRES 01/10/2005
Electronic Signature of Signing Officer or Director — Date