

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703210

FILED
Jan 14, 2009
Secretary of State

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: WITTE, JULIANNA
Address: 503 SW 97 TERRACE
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: BATES, JENNIFER
Address: 3545 NW 24 BLVD # 207
City-St-Zip: GAINESVILLE, FL 32605

Title: P () Delete
Name: FRENCH, PAIGE
Address: 9143 SW 31 PLACE
City-St-Zip: GAINESVILLE, FL 32608

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:

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: MERRY LYNNE WILSON

TREA

01/14/2009

Electronic Signature of Signing Officer or Director

Date