

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703210

FILED  
Jan 06, 2012  
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  
Name: WILSON, MERRY LYNNE  
Address: 2630-B NW 41ST STREET  
City-St-Zip: GAINESVILLE, FL 32606

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

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

I hereby 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 all other like empowered.

SIGNATURE: MERRY LYNNE WILSON

TREA

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date