


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90301 023 \*\*\*\*61.25

<b>DOCUMENT # 705976</b>	
1. Entity Name <b>ALPHA SIGMA OF DELTA ZETA HOUSE, INC.</b>	

Principal Place of Business <b>331 SEVENTH AVENUE NORTH P. O. BOX 58050 TIERRA VERDE, FL 33715</b>	Mailing Address <b>331 SEVENTH AVENUE NORTH P. O. BOX 58050 TIERRA VERDE, FL 33715</b>
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2. Principal Place of Business <b>331 SEVENTH AVE N</b>	3. Mailing Address <b>331 SEVENTH AVE N</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04252004 Chg-NP CR2E037 (10/03)

City & State <b>TIERRA VERDE, FL</b>	City & State <b>TIERRA VERDE, FL</b>
Zip <b>33715</b>	Country <b>USA</b>
Zip <b>33715</b>	Country <b>USA</b>

4. FEI Number <b>59-6013685</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BURNS, KARLY 331 SEVENTH AVENUE NORTH TIERRA VERDE, FL 33715</b>	
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7. Name and Address of New Registered Agent	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)	DATE
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<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BURNS, KARLY 331 SEVENTH AVE NORTH TIERRA VERDE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ORCHARD, KATHY 2115 SO CORTEZ TAMPA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUDSON, KATHLEEN 1426 DEIDRE DR RUSKIN, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>KARLY BURNS</b>	Date: <b>4/23/04</b>	Daytime Phone #: <b>864-3553</b>
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