

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705976

FILED  
Apr 28, 2008  
Secretary of State

**Entity Name:** ALPHA SIGMA OF DELTA ZETA HOUSE, INC.

**Current Principal Place of Business:**

331 SEVENTH AVE N  
TIERRA VERDE, FL 33715 US

**New Principal Place of Business:**

**Current Mailing Address:**

331 SEVENTH AVE N  
TIERRA VERDE, FL 33715 US

**New Mailing Address:**

**FEI Number:** 59-6013685

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURNS, KARLY  
331 SEVENTH AVENUE NORTH  
TIERRA VERDE, FL 33715 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: PD ( ) Delete  
Name: BURNS, KARLY,  
Address: 331 SEVENTH AVE NORTH  
City-St-Zip: TIERRA VERDE, FL

Title: TD ( ) Delete  
Name: ORCHARD, KATHY,  
Address: 2115 SO CORTEZ  
City-St-Zip: TAMPA, FL

Title: SD ( ) Delete  
Name: HUDSON, KATHLEEN,  
Address: 1426 DEIDRE DR  
City-St-Zip: RUSKIN, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: BURNS, KARLY,  
Address: 331 SEVENTH AVE NORTH  
City-St-Zip: TIERRA VERDE, FL 33715

Title: TD (X) Change ( ) Addition  
Name: ORCHARD, KATHY,  
Address: 2115 SO CORTEZ  
City-St-Zip: TAMPA, FL 33629

Title: SD (X) Change ( ) Addition  
Name: HUDSON, KATHLEEN,  
Address: 1426 DEIDRE DR  
City-St-Zip: RUSKIN, FL 33570

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: KARLY BURNS

PRES

04/28/2008

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

\_\_\_\_\_  
Date