

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710438

FILED
Jan 10, 2009
Secretary of State

Entity Name: IOTA OF ALPHA DELTA PI

Current Principal Place of Business:

537 W JEFFERSON ST
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

801 GREENBRIER LN
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-0140510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKEMIE, SUE P
801 GREENBRIER LN
TALLAHASSEE, FL
TALLAHASSEE, FL 32308 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: VD () Delete
Name: HARRIS, GAIL P,
Address: 1742 ARMISTEAD PLACE
City-St-Zip: TALLAHASSEE, FL 32309

Title: TD () Delete
Name: QUINN, MARTHA B,
Address: 5703 VERLAINE COURT
City-St-Zip: TALLAHASSEE, FL 32308

Title: PD () Delete
Name: MCKEMIE, SUE P,
Address: 801 GREENBRIER LN
City-St-Zip: TALLAHASSEE, FL 32308

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:

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: SUE MCKEMIE

PRES

01/10/2009

Electronic Signature of Signing Officer or Director

Date