2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# 711246

Entity Name: DELTA RHO CHAPTER HOUSE ASSOCIATION

Current Principal Place of Business:

1059 42ND AVE NE
SAINT PETERSBURG, FL 33703 US

New Principal Place of Business:

11515 53RD STREET NORTH
CLEARWATER, FL 33760 US

Current Mailing Address:

1059 42ND AVE NE
SAINT PETERSBURG, FL 33703 US

New Mailing Address:

PO BOX 388
PINELLAS PARK, FL 33780 US

FEI Number: 59-3076531 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STEVENS, MARSHALL P,D
1059 42ND AVE NE
SAINT PETERSBURG, FL 33703 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: P,D ( ) Delete
Name: STEVENS, MARSHALL
Address: 1059 42ND AVE NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: D ( ) Delete
Name: SANTILLI, THOMAS C
Address: 3207 WEST UNIVERSITY AVENUE
City-St-Zip: GAINESVILLE, FL 32603

Title: D ( ) Delete
Name: BROWN, REED B III
Address: VILLA 9 39 NW 39 AVENUE
City-St-Zip: GAINESVILLE, FL 32607

Title: S,D ( ) Delete
Name: BONI, ANTHONY
Address: 1003 FOGGY BROOK PLACE
City-St-Zip: LONGWOOD, FL 32750

Title: D,TR ( ) Delete
Name: DIX, CHRIS
Address: 3561 GATOR RD W
City-St-Zip: JACKSONVILLE, FL 32216

Title: V,D ( ) Delete
Name: YOUNG, TYLER
Address: 8940 SANDUSKY AVENUE S
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SANTILLI, THOMAS C
Address: 911 COMMERCE BLVD NORTH
City-St-Zip: SARASOTA, FL 34243

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: R MARSHALL STEVENS P,D 03/24/2009

Electronic Signature of Signing Officer or Director — Date