


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 716221

1. Entity Name
 DELTA KAPPA HOUSE CORPORATION OF DELTA GAMMA, INC.



Principal Place of Business Mailing Address

4202 E FOWLA AVE 3250 RIVERSIDE DR
 GKY 4207 COLUMBUS, OH 43221 US
 TAMPA, FL 33620 US



02062007 No Chg-NP CR2E037 (4/06)

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4. FEI Number Applied For
 23-7033333 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAPITANO, PATTY
 4436 SUMMER OAK DR
 TAMPA, FL 33629

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

00000632180
 02/21/07-80012-003 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CAPITANO, PATTY 4436 SUMMER OAK DR. TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOOLDRIDGE, ISABELLA G 13732 CHESTERSALL DR TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PATTERSON, MONICA W 19827 MORDEN BLUSH DR. LUTZ, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VONTHRON, ANN 4504 WOODMERE RD TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Isabella G. Wooldridge 2/8/07 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #