

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716221

FILED  
Jan 04, 2008  
Secretary of State

**Entity Name:** DELTA KAPPA HOUSE CORPORATION OF DELTA GAMMA, INC.

**Current Principal Place of Business:**

4202 E FOWLA AVE  
GKY 4207  
TAMPA, FL 33620 US

**New Principal Place of Business:**

**Current Mailing Address:**

3250 RIVERSIDE DR  
COLUMBUS, OH 43221 US

**New Mailing Address:**

FEI Number: 23-7033333

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAPITANO, PATTY  
4436 SUMMER OAK DR  
TAMPA, FL 33629 2

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

CAPITANO, PATTY  
4436 SUMMER OAK DR  
TAMPA, FL 33629 US

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

01/04/2008

Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: CAPITANO, PATTY  
Address: 4436 SUMMER OAK DR.  
City-St-Zip: TAMPA, FL 33624

Title: TD ( ) Delete  
Name: WOOLDRIDGE, ISABELLA G  
Address: 13732 CHESTERSALL DR  
City-St-Zip: TAMPA, FL 33624

Title: SD ( ) Delete  
Name: PATTERSON, MONICA W  
Address: 19827 MORDEN BLUSH DR.  
City-St-Zip: LUTZ, FL 33558

Title: PD ( ) Delete  
Name: VONTHRON, ANN  
Address: 4504 WOODMERE RD  
City-St-Zip: TAMPA, FL 33609

**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:

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: MONICA PATTERSON

Electronic Signature of Signing Officer or Director

SD

01/04/2008

Date