

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716221

FILED
Jan 20, 2009
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 US

Name and Address of New Registered Agent:

VONTHRON, ANN
4504 WOODMERE RD
TAMPA, FL 33609 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: ANN VONTHRON

01/20/2009

Electronic Signature of Registered Agent

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ANN VONTHRON

PD

01/20/2009

Electronic Signature of Signing Officer or Director

Date