

FILE NOW: FILING FEE IS \$61.25

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Apr 02 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham,</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 732151 (6)**  
1. Corporation Name  
**ZETA OMICRON CHAPTER HOUSE CORPORATION OF DELTA  
TAU DELTA, INC.**

Principal Place of Business      Mailing Address  
**12083 DARWIN DR  
ORLANDO FL 32826**      **12083 DARWIN DR  
ORLANDO FL 32826-2281**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/14/1975</b>		3a. Date of Last Report <b>08/12/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2404489</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TIDWELL, WAYNE  
140 S. SUZANNE COURT  
MERRITT ISLAND FL 32952**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent; signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	DELETE	1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERTELL, FRED N		1.2 NAME	Samuel Cruz	
STREET ADDRESS	9557 MONTELLO DRIVE		1.3 STREET ADDRESS	412 East Citrus street	
CITY-ST-ZIP	ORLANDO FL 32817		1.4 CITY-ST-ZIP	Altamonte Springs FL 32701	
TITLE	VP	DELETE	2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRITZ, ROBERT		2.2 NAME	Curl, Frank	
STREET ADDRESS	225 E. EDGEWOOD DR., #50		2.3 STREET ADDRESS	4104 PLAYERS CIR	
CITY-ST-ZIP	LAKELAND FL 33803		2.4 CITY-ST-ZIP	Orlando FL	
TITLE	SD	DELETE	3.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERECHENOK, JOHN A.		3.2 NAME	Tidwell, Wayne	
STREET ADDRESS	2160 HUNTERFIELD RD.		3.3 STREET ADDRESS	140 S. Suzanne ct.	
CITY-ST-ZIP	MAITLAND FL 32751		3.4 CITY-ST-ZIP	Merritt Island FL 32952	
TITLE	D	DELETE	4.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIDWELL, WAYNE		4.2 NAME	Bertell, Fred N	
STREET ADDRESS	140 S. SUZANNE CT.		4.3 STREET ADDRESS	9557 Montello Drive	
CITY-ST-ZIP	MERRITT ISLAND FL 32952		4.4 CITY-ST-ZIP	Orlando FL 32817	
TITLE	DP	DELETE	5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURL, FRANK		5.2 NAME	Fritz, Robert	
STREET ADDRESS	4104 PLAYERS CIR		5.3 STREET ADDRESS	225 E Edgewood Dr #50	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	Lakeland FL 33803	
TITLE		DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E037 (9/96)