


FILE NOW: FILING FEE IS \$61.25

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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90027 050 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732151

1. Corporation Name

ZETA OMICRON CHAPTER HOUSE CORPORATION OF DELTA TAU DELTA, INC.

Principal Place of Business
12083 DARWIN DR
ORLANDO FL 32826

Mailing Address
12083 DARWIN DR
ORLANDO FL 32826

100342 90027 50 2 *



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	03/14/1975
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2404489
24 Country	29 Country	Applied For
	30	Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
6. Election Campaign Financing		\$5.00 May Be Added to Fees
Trust Fund Contribution		

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 **Jason C Edwards**
82 Street Address (P.O. Box Number is Not Acceptable)
12083 Darwin Dr
83
84 City **Orlando** FL 85 Zip Code **32826**

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

Jason C Edwards

(NOTE: Registered Agent signature required when reinstating)

DATE

1/4/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTELL, FRED N	1.2 NAME	
STREET ADDRESS	9557 MONTELLO DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, SAMUEL	2.2 NAME	
STREET ADDRESS	7409 KEY LARGO DRIVE #1311	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32792-6987	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMIREZ, FERNANDO	3.2 NAME	
STREET ADDRESS	123 HOLLOWAY COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32771	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIDWELL, WAYNE	4.2 NAME	Jason C. Edwards
STREET ADDRESS	140 S. SUZANNE CT.	4.3 STREET ADDRESS	12083 Darwin Dr
CITY-ST-ZIP	MERRITT ISLAND FL	4.4 CITY-ST-ZIP	Orlando, FL 32826
TITLE	VP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURL, FRANK	5.2 NAME	Aaron Kinsman
STREET ADDRESS	4104 PLAYERS CIR	5.3 STREET ADDRESS	12083 Darwin Dr
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Orlando, FL 32826
TITLE	P <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, SAMUEL	6.2 NAME	Chris Hall
STREET ADDRESS	412 E CITRUS ST	6.3 STREET ADDRESS	12083 Darwin Dr
CITY-ST-ZIP	ALTAMONTE SPGS FL	6.4 CITY-ST-ZIP	Orlando, FL 32826

14. I 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, with all other like empowered.

SIGNATURE:

Jason C Edwards

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/99

(407)382-0177

CR2E037 (1/98)