

FILE NOW: FILING FEE IS \$61.25

Amended

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 SEP 13 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 732151

1. Corporation Name  
Zeta Omicron Chapter House Corporation  
of Delta Tau Delta, Inc.

Principal Place of Business Mailing Address  
12083 Darwin Dr. 140 S. Suzanne Ct.  
Orlando, FL 32826 Merritt Island, FL 32952

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	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name WAYNE Tidwell
	82 Street Address (P.O. Box Number is Not Acceptable) 140 S. Suzanne Ct.
	83
	84 City Merritt Island FL 85 Zip Code 32952

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 Wayne Tidwell WAYNE TIDWELL Treasurer 8-20-99  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	Change Addition
NAME	STREET ADDRESS	1.2 NAME	
TY-ST-ZIP	FILE	1.3 STREET ADDRESS	
NAME	STREET ADDRESS	1.4 CITY-ST-ZIP	Change Addition
CITY-ST-ZIP	TITLE	2.1 TITLE	
NAME	STREET ADDRESS	2.2 NAME	
CITY-ST-ZIP	NAME	2.3 STREET ADDRESS	
TITLE	NAME	2.4 CITY-ST-ZIP	Change Addition
NAME	STREET ADDRESS	3.1 TITLE	
CITY-ST-ZIP	NAME	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
NAME	STREET ADDRESS	3.4 CITY-ST-ZIP	Change Addition
CITY-ST-ZIP	NAME	4.1 TITLE	
TITLE	NAME	4.2 NAME	
NAME	STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAME	4.4 CITY-ST-ZIP	Change Addition
TITLE	NAME	5.1 TITLE	
NAME	STREET ADDRESS	5.2 NAME	
CITY-ST-ZIP	NAME	5.3 STREET ADDRESS	
TITLE	NAME	5.4 CITY-ST-ZIP	Change Addition
NAME	STREET ADDRESS	6.1 TITLE	
CITY-ST-ZIP	NAME	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
NAME	STREET ADDRESS	6.4 CITY-ST-ZIP	Change Addition

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: Wayne Tidwell WAYNE TIDWELL 8-20-99 407 636 2044  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)

SP