

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90026 019 ****61.25

DOCUMENT # 732151

1. Entity Name
ZETA OMICRON CHAPTER HOUSE CORPORATION OF DELTA TAU DELTA, INC.



Principal Place of Business
**4503 LOUSTER CT
 ORLANDO, FL 32817-8450 US**

Mailing Address
**PO BOX 781307
 ORLANDO, FL 32878-1307 US**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01172006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
59-2404489

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**PATEL, RAJIV D
 13924 VALLEYBROOKE LANE
 ORLANDO, FL 32826**

7. Name and Address of New Registered Agent
 Name **PATEL, RAJIV D.**
 Street Address (P.O. Box Number Is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **1/19/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

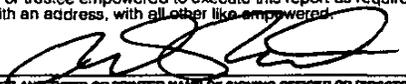
Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUDDLESTON, TOM P O BOX 160160 ORLANDO, FL 32816 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COSMIDES, JAMES 200 S ORANGE AVENUE MG 2700 ORLANDO, FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PATEL, RAJIN D 13924 VALLEYBROOKE LANE ORLANDO, FL 328262642 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PATEL, RAJIV D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13924 VALLEYBROOKE LN ORLANDO, FL 32826-2642
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUNTER, TED 8427 S PARK CIRCLE, SUITE 500 ORLANDO, FL 32819 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLS, JACK B 851 MAGNOLIA AVE, SUITE 414 ORLANDO, FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLS, JACK B <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 801 MAGNOLIA AVE, SUITE 414 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEES, DAVID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 45 S. LAKE JESSUP OVIEDO, FL 32765

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **RAJIV PATEL**
T. D. DATE **1/19/06** DAYTIME PHONE # **321-867-7016**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ADDITION:

D

FICKETT, ALAN G
700 ABERDEEN LN
WINTER PARK, FL 32708

ATTACHMENT

60004082

73251

2006 NOT-FOR-PROFIT
CORP.

Doc # 732151