2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# 732151

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

Current Principal Place of Business:

4503 JOUSTER CT
ORLANDO, FL 328178450 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 781307
ORLANDO, FL 328781307 US

New Mailing Address:

FEI Number: 59-2404489 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATEL, RAJIV D
13924 VALLEYBROOKE LANE
ORLANDO, FL 32826 US

Name and Address of New Registered Agent:

FICKETT, ALAN G DR.
700 ABERDEEN LANE
WINTER SPRINGS, FL 32708 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: DR. ALAN G. FICKETT 01/15/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	HUDDLESTON, TOM DR	
Address:	P O BOX 160160	
City-St-Zip:	ORLANDO, FL 32816 US	
Title:	VD	( ) Delete
Name:	COSMIDES, JAMES	
Address:	200 S ORANGE AVENUE MG 2700	
City-St-Zip:	ORLANDO, FL 32801 US	
Title:	D	( ) Delete
Name:	PATEL, RAJIV D	
Address:	13924 VALLEYBROOKE LANE	
City-St-Zip:	ORLANDO, FL 328262642 US	
Title:	TD	( ) Delete
Name:	FICKETT, ALAN G DR	
Address:	700 ABERDEEN LANE	
City-St-Zip:	WINTER SPRINGS, FL 32708 US	
Title:	SD	( ) Delete
Name:	NICHOLS, JACK B	
Address:	801 MAGNOLIA AVE, STE 414	
City-St-Zip:	ORLANDO, FL 32803 US	
Title:	D	(X) Delete
Name:	DEES, DAVID DR	
Address:	45 S. LAKE JESSUP	
City-St-Zip:	OVIEDO, FL 32765	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: DR ALAN G. FICKETT TD 01/15/2009
Electronic Signature of Signing Officer or Director Date