

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732151

**FILED**  
**Apr 16, 2010**  
**Secretary of State**

**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:**

FICKETT, ALAN G DR.  
700 ABERDEEN LANE  
WINTER SPRINGS, FL 32708 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HUDDLESTON, TOM DR  
Address: P O BOX 160160  
City-St-Zip: ORLANDO, FL 32816 US

Title: VD  
Name: COSMIDES, JAMES  
Address: 200 S ORANGE AVENUE MG 2700  
City-St-Zip: ORLANDO, FL 32801 US

Title: D  
Name: PATEL, RAJIV D  
Address: 13924 VALLEYBROOKE LANE  
City-St-Zip: ORLANDO, FL 328262642 US

Title: TD  
Name: FICKETT, ALAN G DR  
Address: 700 ABERDEEN LANE  
City-St-Zip: WINTER SPRINGS, FL 32708 US

Title: SD  
Name: NICHOLS, JACK B  
Address: 801 MAGNOLIA AVE, STE 414  
City-St-Zip: ORLANDO, FL 32803 US

I hereby 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 all other like empowered.

SIGNATURE: ALAN G. FICKETT

TD

04/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date