

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90217 005 ****61.25

DOCUMENT # 734958

1. Corporation Name

ALPHA PSI CHAPTER HOUSE DELTA DELTA DELTA INC.

Principal Place of Business
**1134 E PANHELLENIC DRIVE
GAINESVILLE FL 32601**

Mailing Address
**1134 E PANHELLENIC DRIVE
GAINESVILLE FL 32601**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/13/1976

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

23-7197694

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing

☐ **\$5.00** May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PALMER, BOBRA PITTMAN
2305 NW 7TH RD
GAINESVILLE FL 32607**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD
MILLER, CYNTHIA**
STREET ADDRESS **2728 N W 62ND TERR**
CITY-ST-ZIP **GAINESVILLE FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VPD
ODOM, LESLIE**
STREET ADDRESS **3931 NW 62ND LN**
CITY-ST-ZIP **GAINESVILLE FL**

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **STD
HURTA, DIANE**
STREET ADDRESS **1729 NW 8 AVE**
CITY-ST-ZIP **GAINESVILLE FL**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE:

Signature of Diane Hurta
DIANE A. HURTA

4/12/99 (352) 392-0765

CR2E037 (11/98)