FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **763911** **(5)**

1. Corporation Name

DELTA TAU DELTA HOUSE CORPORATION OF THE UNIVERS ITY OF WEST FLORIDA, INC.

Principal Place of Business	Mailing Address
14810 FARNHAM WAY 1257 RAMBLEWOOD LANE TAMPA FL 33624 US	14810 FARNHAM WAY 1257 RAMBLEWOOD LANE TAMPA FL 33624 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1982
3a. Date of Last Report: 04/26/1994
4. FEI Number: 23-7166971 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GREENFIELD, BARRY
14810 FARNHAM WAY
TAMPA FL 33624

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Barry Greenfield 5/9/95
Signature, typed or printed name of registered agent and the date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	LOCKE, BRIAN	12 NAME	
STREET ADDRESS	985 URBAN DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	SEABROOK, DUDLEY	22 NAME	
STREET ADDRESS	3705 DURANGO DR.	23 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	GREENFIELD, BARRY	32 NAME	
STREET ADDRESS	14810 FARNHAM WAY	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MCCABE, MIKE	42 NAME	
STREET ADDRESS	650 E BURGESS RD	43 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MOONEY, CHRIS	52 NAME	
STREET ADDRESS	710 SCENIC HWY	53 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	COMER, CHARLES	62 NAME	
STREET ADDRESS	1399 JASMA LN	63 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Barry Greenfield 5/9/95 813-877-4444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0054708