


FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **763911** (5)
1. Corporation Name
**DELTA TAU DELTA HOUSE CORPORATION OF THE UNIVERS
ITY OF WEST FLORIDA, INC.**



Principal Place of Business 14810 FARNHAM WAY 1257 RAMBLEWOOD LANE TAMPA FL 33624 US	Mailing Address 14810 FARNHAM WAY 1257 RAMBLEWOOD LANE TAMPA FL 33624-2618 US	3. Date Incorporated or Qualified 06/24/1982	3a. Date of Last Report 05/01/1996
--	---	--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 23-7166971	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	------------------------------------	--	--	--	---

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE David Leval President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LOCKE, BRIAN		1.2 NAME David Leval	
STREET ADDRESS 985 URBAN DRIVE		1.3 STREET ADDRESS 105 Beach Dr. Suite B1	
CITY-ST-ZIP CANTONMENT FL		1.4 CITY-ST-ZIP Ft. Walton Beach, FL 32547	
TITLE V	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V. President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SEABROOK, DUDLEY		2.2 NAME Rob Hanschue	
STREET ADDRESS 3705 DURANGO DR.		2.3 STREET ADDRESS 15 Tower Drive	
CITY-ST-ZIP PENSACOLA FL		2.4 CITY-ST-ZIP Pensacola, FL 32534	
TITLE ST	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GREENFIELD, BARRY		3.2 NAME	
STREET ADDRESS 14810 FARNHAM WAY		3.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MCCABE, MIKE		4.2 NAME Mike Cantwell	
STREET ADDRESS 650 E BURGESS RD		4.3 STREET ADDRESS 15 Tower Drive	
CITY-ST-ZIP PENSACOLA FL		4.4 CITY-ST-ZIP Pensacola, FL 32534	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MOONEY, CHRIS		5.2 NAME Bill Garrett	
STREET ADDRESS 710 SCENIC HWY		5.3 STREET ADDRESS 334 Okaloosa Road	
CITY-ST-ZIP PENSACOLA FL		5.4 CITY-ST-ZIP Ft. Walton Beach, FL 32548	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COMER, CHARLES		6.2 NAME	
STREET ADDRESS 1399 JASMA LN		6.3 STREET ADDRESS	
CITY-ST-ZIP PENSACOLA FL		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: _____

4/29/97

813-822-4444

CR2E037 (9/96)