

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90066 023 ****61.25

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DOCUMENT # 763911

1. Corporation Name

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

Principal Place of Business

14810 FARNHAM WAY
TAMPA FL 33624
US

Mailing Address

14810 FARNHAM WAY
TAMPA FL 33624
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/24/1982

4. FEI Number

23-7166971

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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:

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 ☐ DELETEVPD
LEVAL, DAVID
105 BEACH DR., STE. B1
FT. WALTON BEACH FL

1.1 TITLE

☐ Change☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETEPD
GAWTHROP, DAVE
15 TOWER DRIVE
PENSACOLA FL

2.1 TITLE

☐ Change☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETESD
GREENFIELD, BARRY
14810 FARNHAM WAY
TAMPA FL

3.1 TITLE

☐ Change☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETETD
MOONEY, CHRIS
15 TOWER DRIVE
PENSACOLA FL

4.1 TITLE

☐ Change☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETED
GARRETT, BILL
334 OKALOOSA RD
FT. WALTON BEACH FL

5.1 TITLE

☐ Change☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETED
SANCHEZ, CRAIG
1399 JASMA LN
PENSACOLA FL

6.1 TITLE

☐ Change☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/26/99

Date

813-877-4444

Daytime Phone #

CR2E037 (11/98)