2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#768858

FILED Mar 07, 2007 Secretary of State

Entity Name: DELTA ZETA OF DELTA TAU DELTA, INC. **Current Principal Place of Business: New Principal Place of Business:** 1926 WEST UNIVERSITY AVENUE GAINESVILLE, FL 32603 **Current Mailing Address: New Mailing Address:** 110 N.W. 2ND AVENUE % P.O. BOX 113 P.O. BOX 113 GAINESVILLE, FL 32602 GAINESVILLE, FL 32602 FEI Number: 23-7044651 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EMERSON, WILLIAM 110 N.W. 2ND AVE GAINESVILLE, FL 32601 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HUNTSMAN, ROY W Name: Name: Address: 2605 N.W. 5TH PLACE Address: City-St-Zip: GAINESVILLE, FL 32606 City-St-Zip: Title: () Delete Title: () Change () Addition Name: MANASCO, RAYMOND O JR Name: Address: 2071 N.W. 21ST LANE Address: City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: Title: () Delete Title: (X) Change () Addition EMERSON, WILLIAM Name: EMERSON, WILLIAM Name: 110 N2 2ND AVENUE 110 NW 2ND AVENUE Address: Address: City-St-Zip: GAINESVILLE, FL 32601 City-St-Zip: GAINESVILLE, FL 32601 () Delete Title: SD Title: () Change () Addition Name: EMERSON, CHARLES Name: Address: 110 N.W. 2ND AVE Address: City-St-Zip: GAINESVILLE, FL 32601 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM EMERSON MR. 03/07/2007