

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768858

FILED
Mar 16, 2009
Secretary of State

Entity Name: DELTA ZETA OF DELTA TAU DELTA, INC.

Current Principal Place of Business:

1926 WEST UNIVERSITY AVENUE
GAINESVILLE, FL 32603

New Principal Place of Business:

Current Mailing Address:

110 N.W. 2ND AVENUE
P.O. BOX 113
GAINESVILLE, FL 32602

New Mailing Address:

FEI Number: 23-7044651 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EMERSON, WILLIAM
110 N.W. 2ND AVE
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: HUNTSMAN, ROY W
Address: 2605 N.W. 5TH PLACE
City-St-Zip: GAINESVILLE, FL 32606

Title: VPD () Delete
Name: MANASCO, RAYMOND O JR
Address: 2071 N.W. 21ST LANE
City-St-Zip: GAINESVILLE, FL 32605

Title: TD () Delete
Name: EMERSON, WILLIAM
Address: 110 NW 2ND AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: SD () Delete
Name: EMERSON, CHARLES
Address: 110 N.W. 2ND AVE
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

_____ Electronic Signature of Signing Officer or Director

MR.

03/16/2009

_____ Date