


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90035 028 \*\*\*\*61.25

<b>DOCUMENT # F95000002989</b> 1. Entity Name <b>DELTA DELTA NATIONAL HOUSE CORPORATION-UNIVERSITY OF FLORIDA (ALPHA PSI)</b>					
Principal Place of Business <b>2331 BROOKHOLLOW PLAZA DR. ARLINGTON, TX 76006 US</b>			Mailing Address <b>2331 BROOKHOLLOW PLAZA DR. ARLINGTON, TX 76006 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$81.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCLINDEN, LINDA W 3931 LILAC RD ALLENTOWN, PA 18103	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Christina Flynn 18419 91st Pl W Edmonds, WA 98026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HORNER, KRISTIN A 35980 MICHAEL DR. OLON, OH 44139	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JoAnne Baughman 628 Chestnut Ct. Bartlesville, OK 74003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, JACKYE 7510 SHARON LEE DRIVE ARLINGTON, TX 76001	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHIMBERG, MICHELLE 3212 W FOUNTAIN BLVD TAMPA, FL 33609	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COOK, CARI F 2331 BROOKHOLLOW PLAZA DR. ARLINGTON, TX 76006	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIEGL, LUANN 127 LEWISVILLE CT. PHOENIXVILLE, PA 19460	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Cari F Cook</u>			Date: <u>1/25/06</u> Daytime Phone #: <u>817-633-8001</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

60007797



01122006 Chg-NP CR2E037 (11/05)

4. FEI Number  
75-2483083

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP MCLINDEN, LINDA W 3931 LILAC RD ALLENTOWN, PA 18103

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D Christina Flynn 18419 91st Pl W Edmonds, WA 98026

☐ Change ☒ Addition

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SIGNATURE: Cari F Cook

Date: 1/25/06 Daytime Phone #: 817-633-8001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR