

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000002989

FILED  
Jan 16, 2008  
Secretary of State

**Entity Name:** DELTA DELTA DELTA NATIONAL HOUSE CORPORATION-UNIVERSITY OF FLORIDA (ALPHA PSI)

**Current Principal Place of Business:**

2331 BROOKHOLLOW PLAZA DR.  
ARLINGTON, TX 76006 US

**New Principal Place of Business:**

**Current Mailing Address:**

2331 BROOKHOLLOW PLAZA DR.  
ARLINGTON, TX 76006 US

**New Mailing Address:**

PO BOX 5987  
ARLINGTON, TX 76005 US

**FEI Number:** 75-2483083

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: P ( ) Delete  
Name: FLYNN, CHRISTINA  
Address: 18419 91ST PL W  
City-St-Zip: EDMONDS, WA 98026

Title: VP ( ) Delete  
Name: BAUGHMAN, JOANNE  
Address: 628 CHESTNUT CT  
City-St-Zip: BARTLESVILLE, OK 74003

Title: D ( ) Delete  
Name: MURER, MARGUERITE  
Address: 501 KNOX PL  
City-St-Zip: JOILET, IL 60435

Title: S ( ) Delete  
Name: COOK, CARI F  
Address: 2331 BROOKHOLLOW PLAZA DR.  
City-St-Zip: ARLINGTON, TX 76006

**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: CARI F. COOK

SEC

01/16/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date