2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005981

FILED May 07, 2007 Secretary of State

Entity Name: USF DELTA CHI HOUSING CORPORATION

Current P	rincipal Place of Business:	New Principal Pla	ace of Business:
1234 RAIN	O PETRUZZELLI IBOW CIRCLE FL 33594		
Current Mailing Address:		New Mailing Address:	
28810 FAL	10ND M. BLACKLIDGE LING LEAVES WAY CHAPEL, FL 335435761		
n accordan	ce with s. 607.193(2)(b), F.S., the corporation did not receiv		
Name and	Address of Current Registered Agent:	Name and Addres	ss of New Registered Agent:
28810 FAL	OGE, RAYMOND M LLING LEAVES WAY CHAPEL, FL 335435761 US		
	named entity submits this statement for the purpose e of Florida.	e of changing its regist	ered office or registered agent, or both,
SIGNATUI	RE:		
	Electronic Signature of Registered Agent		Date
OFFICER	Electronic Signature of Registered Agent S AND DIRECTORS:	ADDITIONS/CHAI	Date NGES TO OFFICERS AND DIRECTOR
Γitle: Name: Address:		ADDITIONS/CHAI Title: Name: Address: City-St-Zip:	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	S AND DIRECTORS: D () Delete PETRUZZELI, MARIO 1234 RAINBROOK CIRCLE	Title: Name: Address:	NGES TO OFFICERS AND DIRECTOR
OFFICER: Title: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: City-St-Zip:	D () Delete PETRUZZELI, MARIO 1234 RAINBROOK CIRCLE VALRICO, FL 33594 DST () Delete BLACKLIDGE, RAYMOND M 28810 FALLING LEAVES WAY	Title: Name: Address: City-St-Zip: Title: Name: Address:	NGES TO OFFICERS AND DIRECTOR () Change () Addition
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	D () Delete PETRUZZELI, MARIO 1234 RAINBROOK CIRCLE VALRICO, FL 33594 DST () Delete BLACKLIDGE, RAYMOND M 28810 FALLING LEAVES WAY WESLEY CHAPEL, FL 33543 D () Delete WEAVER, STAN 710 SOUTH WESTSHORE	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	NGES TO OFFICERS AND DIRECTOR () Change () Addition () Change () Addition

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: RAYMOND M. BLACKLIDGE DS 05/07/2007