2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N00000005981

Entity Name: USF DELTA CHI HOUSING CORPORATION

Current Principal Place of Business:

C/O MARIO PETRUZZELLI
1234 RAINBOW CIRCLE
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

C/O RAYMOND M. BLACKLIDGE
28810 FALLING LEAVES WAY
WESLEY CHAPEL, FL 335435761

New Mailing Address:

FEI Number: 59-3754483 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLACKLIDGE, RAYMOND M
28810 FALLING LEAVES WAY
WESLEY CHAPEL, FL 335435761 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: D ( ) Delete
Name: PETRUZZELI, MARIO
Address: 1234 RAINBROOK CIRCLE
City-St-Zip: VALRICO, FL 33594

Title: DST ( ) Delete
Name: BLACKLIDGE, RAYMOND M
Address: 28810 FALLING LEAVES WAY
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D ( ) Delete
Name: WEAVER, STAN
Address: 710 SOUTH WESTSHORE
City-St-Zip: TAMPA, FL 33609

Title: DP ( ) Delete
Name: DRISCOLL, RUSSELL H
Address: 2610 HOLLINGTON OAKS PLACE
City-St-Zip: BRANDON, FL 33511

Title: D ( ) Delete
Name: SPANGLER, JOHN
Address: 2310 S HESPEAIDES CT
City-St-Zip: TAMPA, FL 33629

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:

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: RUSSELL H. DRISCOLL PRES 04/30/2009
Electronic Signature of Signing Officer or Director — Date