

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90766 031 ****61.25

DOCUMENT # N01000003255 1. Entity Name ETA DELTA HOUSE CORPORATION OF DELTA GAMMA FRATERNITY					
Principal Place of Business 815 TOURNAMENT ROAD PONTE VEDRA BEACH, FL 32082			Mailing Address 815 TOURNAMENT ROAD PONTE VEDRA BEACH, FL 32082		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 47-0858100	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CLARK, SHARON A 815 TOURNAMENT ROAD PONTE VEDRA BEACH, FL 32082				7. Name and Address of New Registered Agent 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 <u>Sharon A Clark</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)				DATE <u>4/22/04</u>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAYS, DEBBY 1845 PLEASANTVIEW DR. E. JACKSONVILLE, FL 32226 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAYES, FAIGE 6538 STILLWATER CT. JACKSONVILLE, FL 32217-2493 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARK, SHARON A 815 TOURNAMENT ROAD PONTE VEDRA BEACH, FL 32082 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MALONE, MARYANNA 153 BOUGANVILLE DRIVE PONTE VEDRA BEACH, FL 32082 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Sharon A Clark</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE <u>4/22/04</u> Date	