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Secretary of State
02-28-2005 90191 007 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000003255

1. Entity Name
ETA DELTA HOUSE CORPORATION OF DELTA GAMMA FRATERNITY

40023994

Principal Place of Business	Mailing Address
815 TOURNAMENT ROAD PONTE VEDRA BEACH, FL 32082	815 TOURNAMENT ROAD PONTE VEDRA BEACH, FL 32082

02212005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
47-0858100
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CLARK, SHARON A
815 TOURNAMENT ROAD
PONTE VEDRA BEACH, FL 32082

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	HAYES, PAIGE
STREET ADDRESS	6538 STILLWATER CT
CITY-ST-ZIP	JACKSONVILLE, FL 322172493
TITLE	PD
NAME	CLARK, SHARON A
STREET ADDRESS	815 TOURNAMENT ROAD
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	TD
NAME	MALONE, MARYANNA
STREET ADDRESS	153 BOUGANVILLA DRIVE
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Sharon A Clark 2/24/05 904-358-7771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #