

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003255

FILED
Jan 20, 2009
Secretary of State

Entity Name: ETA DELTA HOUSE CORPORATION OF DELTA GAMMA FRATERNITY

Current Principal Place of Business:

815 TOURNAMENT ROAD
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

3250 RIVERSIDE DR.
COLUMBUS, OH 43221

New Mailing Address:

FEI Number: 47-0858100

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BIRINGER, KELLY
6122 SUWANNEE RD
JACKSONVILLE, FL 32217 US

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: KELLY BIRINGER

01/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: HAYES, PAIGE
Address: 6538 STILLWATER CT
City-St-Zip: JACKSONVILLE, FL 322172493

Title: PD () Delete
Name: CLARK, SHARON A
Address: 815 TOURNAMENT ROAD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: TD () Delete
Name: MALONE, MARYANNA
Address: 153 BOUGANVILLA DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: HAYES, PAIGE
Address: 6538 STILLWATER CT
City-St-Zip: JACKSONVILLE, FL 322172493

Title: PD (X) Change () Addition
Name: BIRINGER, KELLY
Address: 6122 SUWANNEE RD
City-St-Zip: JACKSONVILLE, FL 32217

Title: TD (X) Change () Addition
Name: BELL, HAPPY
Address: 2105 S. CRANBROOK AVE.
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: S () Change (X) Addition
Name: GAFF, SHAREN
Address: 5470 CLIFTON ROAD
City-St-Zip: JACKSONVILLE, FL 32211

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: SHAREN GAFF

S

01/20/2009

Electronic Signature of Signing Officer or Director

Date