FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 7:09

DOCUMENT # N07138 (3)

1. Corporation Name

EPSILON TAU HOUSE CORPORATION OF DELTA GAMMA FRA TERNITY

Principal Place of Business	Mailing Address
3250 RIVERSIDE DRIVE P. O. BOX 21397 COLUMBUS OH 43221-0397 US	3250 RIVERSIDE DRIVE P. O. BOX 21397 COLUMBUS OH 43221-7397

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/16/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2547858 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22
Suite, Apt. #, etc. 27
City & State 23
City & State 28
Zip 24 Country 25
Zip 29 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BETTY BOTT SHAW
121 WHITE CAPS CIRCLE
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	SHAW, BETTY BOTT	12 NAME		
STREET ADDRESS	121 WHITE CAPS CIRCLE	13 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL	14 CITY-ST-ZIP		
TITLE	~~D~~	21 TITLE	House Corporation President	☒ Change ☐ Addition
NAME	BALASCHAK, DEBORAH	22 NAME		
STREET ADDRESS	1780 OTISCO WAY	23 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL	24 CITY-ST-ZIP		
TITLE	~~D~~	31 TITLE	House Corproation Treasurer	☒ Change ☐ Addition
NAME	~~YIELDING, JOAN~~	32 NAME	Barbara Ball Cerni	
STREET ADDRESS	~~699 DUNBLANE DRIVE~~	33 STREET ADDRESS	2222 Winebago Trail	
CITY-ST-ZIP	~~WINTER PARK FL~~	34 CITY-ST-ZIP	Fern Park, FL 32730	
TITLE	DC	41 TITLE		☐ Change ☐ Addition
NAME	COKER, CAROL	42 NAME		
STREET ADDRESS	3250 RIVERSIDE DR.	43 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH 43221	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carol C. Coker (614/481-0169)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Carol C. Coker, Fraternity Housing Corporation Director at Large 3/20/95