FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N07138

(3)

EPSILON TAU HOUSE CORPORATION OF DELTA GAMMA FRA

TERNIT	Y							
Principal Place of Business Mailing Address					1 (03)(101) 01(1) 16001 (1000 (100)	ANTE BIDES BIDES BED	KI BIRIK BIRIK 1888	
3250 RIVERSIDE DRIVE P. O. BOX 21397 COLUMBUS OH 43221-0397		3250 RIVERSIDE DRIVE P. O. BOX 21397 COLUMBUS OH 43221-7397			Date Incorporated or Qualified			
US						3a. Date of Last Report 03/29/1995		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number 59-2547858	Applied For		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			33 2347030	Not Applicable		
22		27			5. Certificate of Status Desired	5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing	, , , , , , , , , , , , , , , , , , ,		
23		28			Trust Fund Contribution		led to Fees	
Zip 24	Country 25	Zip 29	Cour	itry	8. This corporation has liability for i	intangible tax under	s. 199.032,	
24	9. Name and Address of Currer		30		Florida Statutes 10. Name and Address of New R			
				81 Name		<u></u>		
BETTY BOTT SHAW				82 Street A	Deborah Balaschak dress (P.O. Box Number is Not Acceptable)			
121 WHITE CAPS CIRCLE			L		1780 Otisco Way			
MAITLAN	D FL 32751			83				
			ŀ	84 City		85	Zip Code	
44 15 15 15 15 15 15 15	the manifest of Continue 047 0500				Winter Springs		32708	
or register	o the provisions of Sections 617,0502 ed agent, or both, in the State of Flori	z and 617.1508, Florida Statutes da. Such change was authorized	s, the above d by the c	/e-named cor orporation's b	rporation submits this statement for the pur board of directors. I hereby accept the appo	pose of changing its pintment as registers	s registered office ed agent. Lam	
	h, and accept the obligations of, Seci	tion 617.0503, Florida Statutes.	1/000	· Con	1. t. 1. D. 1. 1. 1			
SIGNATURE _	Signature, typed or printed name of registered agen	COCOCCA XCX INOTE	7 (UUU) Registered	Agent signature re	Ration President	DATE		
12.		D DIRECTORS	13.		ADDITIONS CHANGES TO GET	ICERS AND DRECT	IORS IN 12	
TIFLE	D	DELETE	1111	LE		Change	Addition	
NAME	SHAW, BETTY BOTT		1.2 NA	ME				
STREET ADDRESS	121 WHITE CAPS CIRCLE		1.3 \$1	REET ADDRESS			!	
CITY-ST-ZIP	MAITLAND FL	Figure	_	Y-ST-ZIP				
TITLE	BALASCHAK, DEBORAH	DELETE	21 111			☐ Change	e 🔲 Addition	
NAME CINSEL ADDOLGO	1780 OTISCO WAY		2 2 NA					
STREET ADDRESS CITY-ST-ZIP	WINTER SPRINGS FL			REET ADDRESS TY-ST-ZIP				
TITLE	T	DELETE	3110			[Change	e Addition	
NAME	CERNI, BARBARA B	_	3 2 NA				_	
STREET ADDRESS	2222 WINEBAGO TRAIL		3.3 ST	REET ADORESS				
CITY - ST- ZIP	FERN PARK FL		34 C	TY·ST·ZIP				
TITLE	DC	DELETE	4.1 TII	LE	DC	XX Criang	e 🔲 Addition	
NAME	COKER, CAROL		4. 2 N	AME	CLARK, SHARON			
STREET ADDRESS	3250 RIVERSIDE DR.		4.3 ST	REET ADDRESS	3250 RIVERSIDE DR.			
CITY - ST - ZIP	COLUMBUS OH 43221	Clorusto		IY-ST-ZIP	COLUMBUS, OH 43221			
TITLE NAME		DELETE	5 1 Til			☐ Change	e 🔲 Addition	
STREET ADDRESS			52 NA	REET ADDRESS				
CITY-ST-ZIP				TY-ST-ZIP				
TITLE		DELETE	6 1 Tt			Chang-	e Addition	
NAME		_	6.2 NA					
STREET ADDRESS				RELT ADDRESS				
CITY-ST-ZIP				TY-ST-ZIP				
14. I do hereb	y certify that the information supplied the information indicated on this app	with this filing is voluntarily furnis	shed and	does not qual	lify for the exemption stated in Section 119 curate and that my signature shall have the	.07(3)(k), Florida Sta	tutes. I further	
oath; that	I am an officer or director of the corp Block 12 or Block 13 if changed, or	oration or the receiver or trustee	empower	ed to execute	e this report as required by Chapter 617, FI	orida Statutes; and	that my name	

SIGNATURE: 4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 13, 1996

Date: 407-359-1808

R2E037 (12/95