


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N07138 (3)					
1. Corporation Name EPSILON TAU HOUSE CORPORATION OF DELTA GAMMA FRA TERNITY					
Principal Place of Business 3250 RIVERSIDE DRIVE P. O. BOX 21397 COLUMBUS OH 43221-0397 US			Mailing Address 3250 RIVERSIDE DRIVE P. O. BOX 21397 COLUMBUS OH 43221-7397		
2. Principal Place of Business		2a. Mailing Address			
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.			
22 City & State		27 City & State			
23 Zip		28 Country		29 Zip	
30 Country					



3. Date Incorporated or Qualified 01/16/1985	
4. FEI Number 59-2547858	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BALASCHAK, DEBORAH 1780 OTISCO WAY WINTER SPRINGS FL 32708				10. Name and Address of New Registered Agent			
				81 Name Amy Richardson Brooks			
				82 Street Address (P.O. Box Number is Not Acceptable) 1321 Magnolia Ave			
				83			
				84 City Winter Park FL 85 Zip Code 32789			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Amy Richardson Brooks DATE 1/21/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHAW, BETTY BOTT			1.2 NAME			
STREET ADDRESS	121 WHITE CAPS CIRCLE			1.3 STREET ADDRESS			
CITY-ST-ZIP	MAITLAND FL			1.4 CITY-ST-ZIP			
TITLE	P	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BALASCHAK, DEBORAH			2.2 NAME	Melissa Ann Vander Weide		
STREET ADDRESS	1780 OTISCO WAY			2.3 STREET ADDRESS	2241 South Conway Rd #1105		
CITY-ST-ZIP	WINTER SPRINGS FL			2.4 CITY-ST-ZIP	Orlando, FL 32812		
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RICHARDSON, AMY			3.2 NAME			
STREET ADDRESS	1321 MAGNOLIA AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL			3.4 CITY-ST-ZIP			
TITLE	DC	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COKER, CAROL			4.2 NAME			
STREET ADDRESS	3250 RIVERSIDE DR.			4.3 STREET ADDRESS			
CITY-ST-ZIP	COLUMBUS OH 43221			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 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: Amy Richardson Brooks DATE 1/21/98 407-934-4237  
Signature, typed or printed name of signing officer or director

CR2E037 (10/97)