


FILE NOW: FILING FEE IS \$61.25

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Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90076 049 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N07138		
1. Corporation Name EPSILON TAU HOUSE CORPORATION OF DELTA GAMMA FRATERNITY		
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	3. Date Incorporated or Qualified
21	28	01/16/1985
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2547858
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Trust Fund Contribution
24	25	29

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BALASCHAK, DEBORAH 1780 OTISCO WAY WINTER SPRINGS FL 32708	81 Name Melissa A. Vander Weide
	82 Street Address (P.O. Box Number Is Not Acceptable) 576 Gatlin Ave #516
	83
	84 City Orlando
	85 Zip Code FL 32822

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 Melissa A. Vander Weide Melissa A. Vander Weide 3/27/99
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing.) DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, BETTY BOIT	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 type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDER WEIDE, MELISSA A	2.2 NAME	P.D. VanderWeide, Melissa A.
STREET ADDRESS	2241 S CONWAY RD #1105	2.3 STREET ADDRESS	576 Gatlin Ave #516
CITY-ST-ZIP	ORLANDO FL 32812	2.4 CITY-ST-ZIP	Orlando, FL 32822
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, with all other like empowered.

SIGNATURE: Melissa A. Vander Weide 2-5-99 614-481-8169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Melissa A. Vander Weide 3/27/99 407-629-2484

CR2E037 (1/98)