


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N07138</b>	
1. Entity Name <b>EPSILON TAU HOUSE CORPORATION OF DELTA GAMMA FRATERNITY</b>	

Principal Place of Business <b>3250 RIVERSIDE DRIVE P. O. BOX 21397 COLUMBUS, OH 43221-0397 US</b>	Mailing Address <b>3250 RIVERSIDE DRIVE P. O. BOX 21397 COLUMBUS, OH 43221-7397</b>
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**DO NOT WRITE IN THIS SPACE**



01292004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2547858</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SAMPSON, PATRICIA B 564 PLEASANT GROVE DRIVE WINTER SPRINGS, FL 32708</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-instating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAMPSON, PATRICIA B 564 PLEASANT GROVE DRIVE WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRAWFORD, MARIA 376 WOODBURY PINES CIR. ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC COKER, CAROL 3250 RIVERSIDE DR. COLUMBUS, OH 43221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/11/04-80031-015 61.25

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia B. Sampson 1/29/04 614-481-8169  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Ext. 320