

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2005 8:00 am**  
**Secretary of State**

09-06-2005 90138 014 \*\*\*\*61.25

**DOCUMENT # N07138**

1. Entity 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**

**50065188**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07072005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2547858**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SAMPSON, PATRICIA B  
564 PLEASANT GROVE DRIVE  
WINTER SPRINGS, FL 32708**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME SAMPSON, PATRICIA B  
STREET ADDRESS 564 PLEASANT GROVE DRIVE  
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE T ☐ Delete  
NAME CRAWFORD, MARIA  
STREET ADDRESS 376 WOODBURY PINES CIR.  
CITY-ST-ZIP ORLANDO, FL 32828

TITLE DC ☐ Delete  
NAME COKER, CAROL  
STREET ADDRESS 3250 RIVERSIDE DR.  
CITY-ST-ZIP COLUMBUS, OH 43221

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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 Sampson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/31/05 644-481-8169*  
Date Daytime Phone #