## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000008819

FILED Feb 14, 2009 Secretary of State

Entity Name: THE ZETA NU CHAPTER HOUSING CORPORATION

**Current Principal Place of Business: New Principal Place of Business:** KAPPA ALPHA ORDER UNIVERSITY OF N. FL.,1 UNF DRIVE JACKSONVILLE, FL 32224 **New Mailing Address: Current Mailing Address:** PO BOX 17342 JACKSONVILLE, FL 32245 FEI Number: 26-3450013 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JORDAN, CHARLES R JORDAN, CHARLES R 1618 CHÁTEAU DRIVE 190 112TH AVE N CLEARWATER, FL 33756 US APT 1409 CLEARWATER, FL 33756 US 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. SIGNATURE: CHARLES R. JORDAN 02/14/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete VICKERS, CHRISTOPHER Name: Name: 1004 EMILY'S WALK LANE EAST Address: Address: City-St-Zip: JACKSONVILLE, FL 32221 City-St-Zip: Title: ( ) Delete Title: () Change () Addition MONDA, ROBERT Name: Name: Address: 7990 BAYMEADOWS RD. UNIT 320 Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: Title: () Delete Title: () Change () Addition JORDAN, CHARLES R Name: Name: 1618 CHATEAU DR. Address: Address: City-St-Zip: CLEARWATER, FL 33756 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: KLINE, JOSHUA Name: Address: 302 HOLLY ST. Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: Title: Title: ( ) Delete () Change () Addition NEWELL, ADAM Name: Name: 3420 COUNTRY SQUARE DR., APT. 1011 Address: Address: City-St-Zip: CARROLTON, TX 75006 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition PAGE, PHILIP L PAGE, PHILIP L Name: Name: Address: 13715 RICHMOND PARK DR. N Address: 1541 ROSA COURT JACKSONVILLE, FL 32224 BARTOW, FL 33830 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES R. JORDAN SD 02/14/2009