

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15327

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** ZETA OMEGA CHAPTER OF ALPHA DELTA PI HOUSE CORPORATION

**Current Principal Place of Business:**

4207 GREEK PARK DRIVE  
ORLANDO, FL 32816

**New Principal Place of Business:**

**Current Mailing Address:**

4207 GREEK PARK DRIVE  
ORLANDO, FL 32816

**New Mailing Address:**

**FEI Number:** 59-2799282

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

TAYLOR, JAY  
4207 GREEK PARK DRIVE  
ORLANDO, FL 32816 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: YANAS, KELLY M  
Address: 1001 BIG OAKS BLVD  
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete  
Name: CUNNINGHAM, PENNY H.  
Address: 3580 EMERYWOOD LANE  
City-St-Zip: ORLANDO, FL 32812

Title: VD ( ) Delete  
Name: BOGERT, DOROTHEA  
Address: 1852 STARGAZER TER  
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Delete  
Name: FARROWS, STACI  
Address: 5718 RAIN FOREEST COURT  
City-St-Zip: OVIEDO, FL 32765

Title: TD ( ) Delete  
Name: TURNER, TRACY  
Address: 17440 WOODFAIR DR.  
City-St-Zip: CLERMONT, FL 34711

Title: PD ( ) Delete  
Name: BRAVO-WHITE, CINDY  
Address: 14345 SOUTHERN RED MAPLE DR  
City-St-Zip: ORLANDO, FL 32828

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: HADDOCK, LOLLIE B  
Address: 1579 S LYONS CT  
City-St-Zip: OVIEDO, FL 32761

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: TRACY J TURNER

TD

04/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date