

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N43306

1. Entity Name
**GAMMA IOTA CHAPTER OF ALPHA DELTA PI HOUSE
CORPORATION**



Principal Place of Business
**831 W. PANHELLENIC DRIVE
GAINESVILLE, FL 32601 US**

Mailing Address
**831 W. PANHELLENIC DRIVE
GAINESVILLE, FL 32601 US**



DO NOT WRITE IN THIS SPACE

02242005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0641930	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BALLOON, SUSAN H
10614 SW 52ND AVENUE
GAINESVILLE, FL 32608**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BEELAND, LOHSE B
STREET ADDRESS	2505 NW 18TH WAY
CITY-ST-ZIP	GAINESVILLE, FL 32605

TITLE	D
NAME	WATSON, KAROLYN H
STREET ADDRESS	2814 NW 13TH CT
CITY-ST-ZIP	GAINESVILLE, FL 32606

TITLE	D
NAME	CLOSE, MARIAN
STREET ADDRESS	8806 S.W. 42ND PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32608

TITLE	D
NAME	BALLOON, SUSAN H
STREET ADDRESS	10614 SW 52ND AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32608

TITLE	D
NAME	KIRKPATRICK, PEGGY B
STREET ADDRESS	5203 NW 49TH LANE
CITY-ST-ZIP	GAINESVILLE, FL 32653

TITLE	D
NAME	WHITE, HEATHER
STREET ADDRESS	230 N PINE AVE
CITY-ST-ZIP	INVERNESS, FL

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IN THIS SPACE**

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: Susan H. Balloon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-05 352-373-0223
Date Daytime Phone #