

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43306

FILED
Apr 28, 2009
Secretary of State

Entity Name: GAMMA IOTA CHAPTER OF ALPHA DELTA PI HOUSE CORPORATION

Current Principal Place of Business:

831 W. PANHELLENIC DRIVE
GAINESVILLE, FL 32601 US

New Principal Place of Business:

Current Mailing Address:

831 W. PANHELLENIC DRIVE
GAINESVILLE, FL 32601 US

New Mailing Address:

FEI Number: 59-0641930 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BALLOON, SUSAN H
10614 SW 52ND AVENUE
GAINESVILLE, FL 32608 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: BOVAY, LESLIE
Address: 6305 SW 103RD ST
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: WATSON, KAROLYN H
Address: 2814 NW 13TH CT
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: CLOSE, MARIAN
Address: 8806 S.W. 42ND PLACE
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: BALLOON, SUSAN H
Address: 10614 SW 52ND AVENUE
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: WHITE, HEATHER
Address: 230 N PINE AVE
City-St-Zip: INVERNESS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: D (X) Change () Addition
Name: FARRIS, STACIE
Address: 102 SWANS NEST CIRCLE
City-St-Zip: MELROSE, FL 32666

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: SUSAN H. BALLOON

Electronic Signature of Signing Officer or Director

TREA

04/28/2009

Date