

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90045 001 ****61.25

DOCUMENT # N96000004901

1. Entity Name

**BETA TAU CHAPTER HOUSE CORPORATION OF DELTA
GAMMA FRATERNITY**



Principal Place of Business

5200 UNIVERSITY DRIVE
107
CORAL GABLES FL 33146
US

Mailing Address

2911 LUCAYA ST
MIAMI FL 33131
US

See below

\$0013950



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

5200 University Dr
#107

3. Mailing Address

3250 Riverside Dr

City & State

Coral Gables, FL

City & State

Columbus, OH

Zip

33146

Country

US

Zip

43221

Country

US

4. FEI Number

59-1980457

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCAIN, ELIZABETH
2911 LUCAYA ST
MIAMI FL 33131

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

FILE NOW: FEE IS \$61.25
Due By May 1, 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	<input type="checkbox"/> Delete
NAME	MCCAIN, ELIZABETH	
STREET ADDRESS	2911 LUCAYA ST	
CITY - ST - ZIP	MIAMI FL 33133	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PENTLAND, COLLEEN	
STREET ADDRESS	1505 ROBBIA AVE	
CITY - ST - ZIP	CORAL GABLES FL 33146	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOPKINS, REBECCA	
STREET ADDRESS	101 SUNRISE DR #12	
CITY - ST - ZIP	KEY BISCAYNE FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Elizabeth McCain* Elizabeth McCain 2/1/05 614-481-8169

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #