## **2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**



Signature   Sign		MENT # N95000004 U CHAPTER HOUSE COR FRATERNITY		1-23-2006 90041 (	043 01	.23			
Suite, Apt. #, etc.    Suite, Apt. #, etc.	5200 UNIVERSITY DRIVE 3250 RIVERSIDE DR # 107 COLUMBUS, OH 43221 US				1 11011181 000 10111			51 51 11 61	
City & State  Country  Co	2. Principal Place of Business 3. M		3. Mailing Address	Mailing Address					
Signature   Sign			Suite, Apt. #, etc.	Suite, Apt. #, etc.		hg-NP CR2E	037 (11/05)		
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  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 the obligations of registered agent and the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent and the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent and the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent and the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent and the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  Filling Fee is \$61.25  Due by May 1, 2006  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 10  ITILE PD OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 10  ITILE PD DEVICE PROBLEM TITLE SCCYCLACY (DIYCLATY PLOYALATION, FL 33333  CITY-S1-2P  MIAMI, FL 33133  CITY-S1-2P  MIAMI, FL 33146  CITY-S1-2P  MARK  STREET ADDRESS  CITY-S1-2P  MIAMI, FL 33149  CITY-S1-2P  M			City & State			57	<del>i</del>	plied For t Applicable	
Name    Street Address (P.O. Box Number is Not Acceptable)	Zip			Country			Fee Require		
Street Address (P.O. Box Number is Not Acceptable)	6. Name and Address of Current Registered Agent								
MIAMI, FL 33131  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 the obligations of registered agent.  SIGNATURE    Signature   Proper or philted name of registered agent and title of application.   Post   Po									
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE    Signature, hoped or phinted name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when rehintaining)   DATE									
SIGNATURE    Signature   Signa				City		F	L Zip Code	e	
Filing Fee is \$61.25 Due by May-1, 2006  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE PD MCCAIN, ELIZABETH SIRRET ADDRESS 291 LUCAYA ST CITY-ST-ZIP CORAL GABLES, FL 33146  TITLE SD NAME HOPKINS, REBECCA NAME STREET ADDRESS TITLE TO CHANGE TITLE TO CHANGE TO CH			or the purpose of changing its	registered office or i	registered agent, or both, in	the State of Florida. I as	m familiar with,	and accept	
Trust Fund Contribution.    Added to Fees   Florida Department of State		Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registered Agent signatur	e required when reinstating)	DATE	Ē		
TITLE NAME MCCAIN, ELIZABETH  NAME MCCAIN, ELIZABETH  STREET ADDRESS 2911 LUCAYA ST  MIAMI, FL 33133  TITLE  TD  PENTLAND, COLLEEN  STREET ADDRESS 1505 ROBBIA AVE  CITY-ST-ZIP  CORAL GABLES, FL 33146  TITLE  NAME  HOPKINS, REBECCA  STREET ADDRESS 101 SUNRISE DR #12  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  CORAL GABLES, FL 33149  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  CORAL GABLES, FL 33149  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  CORAL GABLES, FL 33149  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  CORAL GABLES, FL 33149  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  CORAL GABLES, FL 33149  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  CHange  CHANGE  STREET ADDRESS CITY-ST-ZIP  CHANGE  STREET ADDRESS CITY-ST-ZIP  CHANGE  STREET ADDRESS CITY-ST-ZIP  CHANGE  STREET ADDRESS CITY-ST-ZIP  CHANGE  CITY-ST-ZIP  CHANGE  CITY-ST-ZIP  CHANGE  STREET ADDRESS CITY-ST-ZIP		_	9. Election Can			<b>40.00</b> may be			
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TITLE TD Delete TITLE President Director College Conduction Street address 1505 Robbia Ave Colly-st-zip Coral Gables, Fl 33146  TITLE SD CORAL GABLES, Fl 33146  TITLE SD MAME HOPKINS, REBECCA STREET ADDRESS 101 SUNRISE DR #12  CITY-ST-ZIP KEY BISCAYNE, FL 33149  TITLE NAME STREET ADDRESS CITY-ST-ZIP Miami, Fl 33143  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Miami, Fl 33143	10.		l		Added to Fees	Florida Dep	artment of St	ate	
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information to 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 described in 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 described in 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 described in 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 described in 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 described in 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 described in 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 described in 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 described in 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 described in the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effec	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DII PD MCCAIN, ELIZABETH 2911 LUCAYA ST MIAMI, FL 33133 TD PENTLAND, COLLEEN 1505 ROBBIA AVE CORAL GABLES, FL 33146 SD HOPKINS, REBECCA 101 SUNRISE DR #12	Delete  Delete	11.  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees  ADDITIONS/CHANG Secretary   Director Holly Pinder 11841 Tara Dr Plantation, FL President   Director Colleen Pentland 1505 Robbia Ave Coral Gables, FL Treasurer   Director Sue Nichols US85 SW U9tb	Florida Dep ES TO OFFICERS AND 333325 33146 AVC	DIRECTORS IN Change  Change  Change	Addition	

SIGNATURE:

614 481 8169 Daytime Phone #