

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004901

FILED  
Jan 20, 2009  
Secretary of State

**Entity Name:** BETA TAU CHAPTER HOUSE CORPORATION OF DELTA GAMMA FRATERNITY

**Current Principal Place of Business:**

6585 SW 69TH AVE.  
MIAMI, FL 33143 US

**New Principal Place of Business:**

**Current Mailing Address:**

3250 RIVERSIDE DR  
COLUMBUS, OH 43221 US

**New Mailing Address:**

**FEI Number:** 59-1980457

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NICHOLS, SUE  
6585 SW 69TH AVE.  
MIAMI, FL 33143 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: TD ( ) Delete  
Name: NICHOLS, SUE  
Address: 6585 SW 69TH AVE  
City-St-Zip: MIAMI, FL 33143

Title: P ( ) Delete  
Name: MCCULLOUGH, NICOLE  
Address: 1851 SW 25TH STREET  
City-St-Zip: MIAMI, FL 33133

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

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: SUE NICHOLS

TD

01/20/2009

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

\_\_\_\_\_  
Date