2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004
Secretary of State

DOCUMENT# N97000002825

Entity Name: DELTA GAMMA HOUSE CORPORATION - GAMMA MU CHAPTER

Current Principal Place of Business:

143 N. COPELAND
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

234 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301

New Mailing Address:

2345 TOUR EIFFEL DR
TALLAHASSEE, FL 32308

FEI Number: 23-7075874 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERKINS, MARY W
243 OFFICE PLAZA DR.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

GIUNIPERO, JAN D
2345 TOUR EIFFEL DR
TALLAHASSEE, FL 32308 US

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: JAN D. GIUNIPERO 04/28/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WATTS, SANDRA
Address: 611 BORDERLINE DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: VPD ( ) Delete
Name: SPARKMAN, KATHY
Address: 2800 ASBURY HILL
City-St-Zip: TALLAHASSEE, FL 32312

Title: TD ( ) Delete
Name: PERKINS, MARY WARREN
Address: 234 OFFICE PLAZA SR
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: GIUNIPERO, JAN D
Address: 2345 TOUR EIFFEL DR
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAN D. GIUNIPERO TD 04/28/2004
Electronic Signature of Signing Officer or Director Date