

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # N97000006967

1. Entity Name
**DELTA SIGMA HOUSE CORPORATION OF GAMMA PHI
BETA SORORITY, INC.**



Principal Place of Business
**2652 GLENRIDGE CIRCLE
MERRITT ISLAND, FL 32953**

Mailing Address
**2652 GLENRIDGE CIRCLE
MERRITT ISLAND, FL 32953**



03112008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3500685

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TAYLOR, COLEEN V
2652 GLENRIDGE CIRCLE
MERRITT ISLAND, FL 32953**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. - OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
JOY, STEPHANIE
2563 RAMSDALE DRIVE SE
PALM BAY, FL 32909**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TRES
TAYLOR, COLEEN V
2652 GLENRIDGE CIRCLE
MERRITT ISLAND, FL 32953**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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04/02/08-80090-010 61.25

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 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

Coleen V. Taylor **COLEEN V. TAYLOR, TREASURER 321-8601-2070**