

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000000892

1. Entity Name  
THETA DELTA CHAPTER OF THE CHI PHI FRATERNITY  
HOUSING CORPORATION



Principal Place of Business

212 S. COOPER PL.  
TAMPA, FL 33609

Mailing Address

212 S. COOPER PL.  
TAMPA, FL 33609

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**



01232007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fees Required

6. Name and Address of Current Registered Agent

MCPHERSON, JAMES A  
212 S. COOPER PL.  
TAMPA, FL 33609

**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 \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	DAVID, THOMAS J
STREET ADDRESS	3482 DAWN AVE.
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	S
NAME	ULSETH, JAMES E
STREET ADDRESS	1704 BLIND POND AVE.
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	P
NAME	KOSCHAK, JAMES L
STREET ADDRESS	10382 WALNUT BEND NORTH
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	T
NAME	MCPHERSON, JAMES A
STREET ADDRESS	212 S. COOPER PL.
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD0000604149  
01/29/07-80042-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES A. MCPHERSON

2/23/07

Date

813 287-1625

Daytime Phone #