

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000892

FILED  
Jan 29, 2008  
Secretary of State

**Entity Name:** THETA DELTA CHAPTER OF THE CHI PHI FRATERNITY HOUSING CORPORATION

**Current Principal Place of Business:**

212 S. COOPER PL.  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

212 S. COOPER PL.  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:** 59-3492454

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCPHERSON, JAMES A  
212 S. COOPER PL.  
TAMPA, FL 33609 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: VP ( ) Delete  
Name: DAVID, THOMAS J  
Address: 3482 DAWN AVE.  
City-St-Zip: KISSIMMEE, FL 34744

Title: S ( ) Delete  
Name: ULSETH, JAMES E  
Address: 1704 BLIND POND AVE.  
City-St-Zip: LUTZ, FL 33549

Title: P ( ) Delete  
Name: KOSCHAK, JAMES L  
Address: 10382 WALNUT BEND NORTH  
City-St-Zip: JACKSONVILLE, FL 32217

Title: T ( ) Delete  
Name: MCPHERSON, JAMES A  
Address: 212 S. COOPER PL.  
City-St-Zip: TAMPA, FL 33609

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

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

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

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: JAMES A. MCPHERSON

TREA

01/29/2008

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

\_\_\_\_\_  
Date