

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005057

FILED
Apr 19, 2009
Secretary of State

Entity Name: ALPHA CHI HOUSE CORPORATION OF DELTA DELTA DELTA FRATERNITY

Current Principal Place of Business:

5200 UNIVERSITY DRIVE, SUITE 202
PANHELLENIC BUILDING
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

7741 SW 180 TERRACE
MIAMI, FL 33157

New Mailing Address:

FEI Number: 65-0949188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAUSSEN, KENNETH F
4675 PONCE DE LEON BLVD.
SUITE 305
CORAL GABLES, FL 33146 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: PD () Delete
Name: KING, MARY A
Address: 5200 UNIVERSITY DR., STE 202
City-St-Zip: CORAL GABLES, FL 33146

Title: TD () Delete
Name: SUSAN, CHAPMAN F
Address: 5200 UNIVERSITY DR., STE 202
City-St-Zip: CORAL GABLES, FL 33146

Title: TD () Delete
Name: CASTELLANO, CHRISTIE
Address: 5200 UNIVERSITY DR., STE 202
City-St-Zip: CORAL GABLES, FL 33146

Title: TD () Delete
Name: BONELLI, TERESA
Address: 5200 UNIVERSITY DRIVE #202
City-St-Zip: CORAL GABLES, FL 33146

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: MARY A KING

PRES

04/19/2009

Electronic Signature of Signing Officer or Director

Date