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May 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702910 (1)

1. Corporation Name

ALPHA DELTA HOUSE CORPORATION OF DELTA, DELTA, D
ELTA, INC.

Principal Place of Business

1666 RED MANGROVE DRIVE
DELAND FL 32724

Mailing Address

1666 RED MANGROVE DRIVE
DELAND FL 32724-9468

3. Date Incorporated or Qualified
09/18/1961

3a. Date of Last Report
01/24/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-1004466

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOORE, ROSALIE
1666 RED MANGROVE DRIVE
DELAND FL 32724

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME HURSTON, JOAN
STREET ADDRESS 1745 GLENWOOD RD
CITY-ST-ZIP DELAND FL 32720 ☐ DELETE

TITLE D
NAME DUMAS, MILDRED
STREET ADDRESS 420 E. UNIVERSITY
CITY-ST-ZIP DELAND FL ☐ DELETE

TITLE D
NAME GAMPERO, CAMILLE
STREET ADDRESS 700 NW 48TH AVENUE
CITY-ST-ZIP COCONUT CREEK FL ☐ DELETE

TITLE V
NAME WALTERS, BARBARA A.
STREET ADDRESS 2155 OVERLOOK DRIVE
CITY-ST-ZIP DELAND FL ☐ DELETE

TITLE T
NAME MOORE, ROSALIE
STREET ADDRESS 1666 RED MANGROVE DRIVE
CITY-ST-ZIP DELAND FL ☐ DELETE

TITLE S
NAME JOHNSON, JULIE
STREET ADDRESS 706 WEST LAKE DRIVE
CITY-ST-ZIP NAPLES FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Rosalie Moore*

4/11/97 2:11 PM

CR2E037 (9/96)