

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 18 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
09/18/1961

4. FEI Number
59-1004466

Applied For	Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**MOORE, ROSALIE
1666 RED MANGROVE DRIVE
DELAND FL 32724**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURSTON, JOAN	1.2 NAME	
STREET ADDRESS	1745 GLENWOOD RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32720	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUMAS, MILDRED	2.2 NAME	
STREET ADDRESS	420 E. UNIVERSITY	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMPERO, CAMILLE	3.2 NAME	
STREET ADDRESS	700 NW 48TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTERS, BARBARA A.	4.2 NAME	
STREET ADDRESS	2155 OVERLOOK DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, ROSALIE	5.2 NAME	
STREET ADDRESS	1666 RED MANGROVE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JULIE	6.2 NAME	
STREET ADDRESS	706 WEST LAKE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	

14. I 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* - *Rosalie Moore* **1/10/98** **904-736-1966**

CR2E037 (10/97)