

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90032 042 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # 702910

1. Corporation Name  
ALPHA DELTA HOUSE CORPORATION OF DELTA, DELTA, D ELTA, INC.

3 301680-90077-24

Principal Place of Business: 1666 RED MANGROVE DRIVE DELAND FL 32724  
Mailing Address: 1666 RED MANGROVE DRIVE DELAND FL 32724  
1631 Timber Edge Drive Deland FL 32724



2. Principal Place of Business: 1631 Timber Edge Drive, Deland, Florida, 32724  
2a. Mailing Address: 1631 Timber Edge Drive, Deland, Florida, 32724  
3. Date Incorporated or Qualified: 09/18/1961  
4. FEI Number: 59-1004466  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

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: ARNOLD ANN CONN J., 1631 Timber Edge Drive, Deland, FL 32724

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: Arnold Ann Conn J. General Manager, Date: March 29, 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	DELETED	1.1 TITLE: P	Change
NAME: HURSTON, JOAN		1.2 NAME: BRASLEY, ELICIA	
STREET ADDRESS: 1745 GLENWOOD RD		1.3 STREET ADDRESS: 311 WASHINGTON OAKS DRIVE	
CITY-ST-ZIP: DELAND FL 32720		1.4 CITY-ST-ZIP: DELAND, FL 32724	
TITLE: D	DELETED	2.1 TITLE:	Change
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	DELETED	3.1 TITLE:	Change
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	DELETED	4.1 TITLE:	Change
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	DELETED	5.1 TITLE: T	Change
NAME: MOORE, ROSALIE		5.2 NAME: ARNOLD ANN CONN J.	
STREET ADDRESS: 1666 RED MANGROVE DRIVE		5.3 STREET ADDRESS: 1631 Timber Edge Drive	
CITY-ST-ZIP: DELAND FL		5.4 CITY-ST-ZIP: Deland, Florida 32724	
TITLE: S	DELETED	6.1 TITLE:	Change
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, with all other like empowered.  
SIGNATURE: Christine F. [Signature], Date: February 5, 1999, (904) 822-4378

CR2E037 (1/1/88)