

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90052 041 ****61.25

0066188

DOCUMENT # 702910

1. Entity Name

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

Principal Place of Business

Mailing Address

**1631 TIMBER EDGE DR.
 DELAND FL 32724**

**1631 TIMBER EDGE DR.
 DELAND FL 32724**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1004466

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARNOLD, ANN CONN J
 1631 TIMBER EDGE DR.
 DELAND FL 32724**

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **BEASLEY, ELICIA**
 CITY-ST-ZIP **311 WASHINGTON OAKS DR.
 DELAND FL 32720**

TITLE ☒ Change ☐ Addition
 NAME **President**
 STREET ADDRESS **Hurston, JOAN**
 CITY-ST-ZIP **1745 Glenwood Road
 Deland, FLA 32720**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☒ Change ☒ Addition
 NAME **V**
 STREET ADDRESS **2155 Country Club Drive**
 CITY-ST-ZIP **Deland, FLA 32724**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **ARNOLD, ANN CONN J**
 CITY-ST-ZIP **1631 TIMBER EDGE DR.
 DELAND FL 32724**

TITLE ☐ Change ☐ Addition
 NAME **All correct**
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
 NAME **Secretary Tallent, Debbie**
 STREET ADDRESS **Debbie TALLENT**
 CITY-ST-ZIP **1205 Terra Firma, Deland 32724**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ann Conn J. Arnold
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann Conn J. Arnold

Treasurer 3-22-02 (386) 822-4378

Date

Daytime Phone #

CR2E037 (9/01)