


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 702910 1. Entity Name ALPHA DELTA HOUSE CORPORATION OF DELTA, DELTA, DELTA, INC.	
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Principal Place of Business 1631 TIMBER EDGE DR. DELAND, FL 32724	Mailing Address 1631 TIMBER EDGE DR. DELAND, FL 32724
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DO NOT WRITE IN THIS SPACE



04202004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1004466	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$81.25
Due by May 1, 2004**

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

000000126314
04/23/04-80029-002 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HURSTON, JOAN 1745 GLENWOOD RD DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUMAS, MILDRED 420 E. UNIVERSITY DELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAMPERO, CAMILLE 700 NW 48TH AVENUE COCONUT CREEK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALTERS, BARBARA A. 2155 COUNTRY CLUB DR DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ARNOLD, ANN CONN J 1631 TIMBER EDGE DR. DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YOUNGMAN, KATIE STETSON UNIVERSITY DELAND, FL 33724

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  4/19/04 (386) 822-9378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #