

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90328 031 ****61.25

DOCUMENT # 702910

1. Entity Name
**ALPHA DELTA HOUSE CORPORATION OF DELTA,
DELTA, DELTA, INC.**



Principal Place of Business Mailing Address
1631 TIMBER EDGE DR. 10 Autumnwood TRAIL 1631 TIMBER EDGE DR. 10 Autumnwood TRAIL
DELAND, FL 32724 DELAND, FL 32724
DELAND, FL 32724

14000920



04202005 No Chg-NP CR2E037 (10/03)

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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

ARNOLD, ANN CONN J
1631 TIMBER EDGE DR. 10 Autumnwood TRAIL
DELAND, FL 32724

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Ann Conn J Arnold
10 Autumnwood Trl
Deland, FL 32724-1348

**DO NOT WRITE
IN THIS SPACE**

8. The at the obligations of registered agent. of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept

SIGNATURE **Ann Conn J. Arnold** **April 20, 2005**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HURSTON, JOAN
STREET ADDRESS	1745 GLENWOOD RD
CITY-ST-ZIP	DELAND, FL 32720
TITLE	D
NAME	DUMAS, MILDRED
STREET ADDRESS	420 E. UNIVERSITY
CITY-ST-ZIP	DELAND, FL
TITLE	D
NAME	GAMPERO, CAMILLE
STREET ADDRESS	700 NW 48TH AVENUE
CITY-ST-ZIP	COCONUT CREEK, FL
TITLE	V
NAME	WALTERS, BARBARA A.
STREET ADDRESS	2155 COUNTRY CLUB DR
CITY-ST-ZIP	DELAND, FL 32724
TITLE	T
NAME	ARNOLD, ANN CONN J
STREET ADDRESS	1631 TIMBER EDGE DR. 10 Autumnwood TRAIL
CITY-ST-ZIP	DELAND, FL 32724
TITLE	S
NAME	YOUNGMAN, KATIE
STREET ADDRESS	STETSON UNIVERSITY
CITY-ST-ZIP	DELAND, FL 33720

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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)(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** **4/20/2005** **(386) 822-4378**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #