


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 702910**

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



Principal Place of Business      Mailing Address

**10 AUTUMNWOOD TRAIL  
 DELAND, FL 32724**                      **10 AUTUMNWOOD TRAIL  
 DELAND, FL 32724**

**DO NOT WRITE IN THIS SPACE**



03232006 No Chg-NP CR2E037 (11/05)

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  
 10 AUTUMNWOOD TRAIL  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HURSTON, JOAN 1745 GLENWOOD RD DELAND, FL 32720</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DUMAS, MILDRED 420 E. UNIVERSITY DELAND, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GAMPERO, CAMILLE 700 NW 48TH AVENUE COCONUT CREEK, FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V WALTERS, BARBARA A. 2155 COUNTRY CLUB DR DELAND, FL 32724</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ARNOLD, ANN CONN J 10 AUTUMNWOOD TRAIL DELAND, FL 32724</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S YOUNGMAN, KATIE STETSON UNIVERSITY DELAND, FL 33724</b>

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* **March 25, 2006** **(386) 822-4378**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #