


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

<b>DOCUMENT # 702910</b>	
1. Entity Name ALPHA DELTA HOUSE CORPORATION OF DELTA, DELTA, DELTA, INC.	

Principal Place of Business 10 AUTUMNWOOD TRAIL DELAND, FL 32724	Mailing Address 10 AUTUMNWOOD TRAIL DELAND, FL 32724
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03232006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1004466	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required
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6. Name and Address of Current Registered Agent  ARNOLD, ANN CONN J 10 AUTUMNWOOD TRAIL DELAND, FL 32724
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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	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 10 AUTUMNWOOD TRAIL DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S YOUNGMAN, KATIE STETSON UNIVERSITY DELAND, FL 32724

**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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 25, 2006*  
Date

*(386)  
822-4378*  
Daytime Phone #