

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90116 014 ****61.25

DOCUMENT # 702910

1. Entity Name

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



Principal Place of Business

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

Mailing Address

**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

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

7. Name and Address of New Registered Agent

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P. HURSTON**
STREET ADDRESS **HURSTON JOAN**
CITY-ST-ZIP **1745 GLENWOOD RD
DELAND FL 32720**

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

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

TITLE ☐ Delete
NAME **V. WALTERS, BARBARA A.**
STREET ADDRESS **2155 COUNTRY CLUB DR**
CITY-ST-ZIP **DELAND FL 32724**

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

TITLE ☐ Delete
NAME **S. TALLENT, DEBBIE**
STREET ADDRESS **1205 TERRA-FIRMA**
CITY-ST-ZIP **DELAND FL 32724**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME **S. Katie Youngman**
STREET ADDRESS **AAA House - Stetson University, Deland, FL**
CITY-ST-ZIP

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: *[Signature]*

2-24-03 (386) 822-4378

CR2E037 (10/02)