

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 763157 (5)

1. Corporation Name  
**BETA LAMBDA HOUSE CORPORATION OF DELTA DELTA DELTA, INC.**



Principal Place of Business Mailing Address  
**320 N. MAGNOLIA AVE SUITE A-9 ORLANDO FL 32801 US**

3. Date Incorporated or Qualified **05/06/1982** 3a. Date of Last Report **04/28/1995**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 29 Zip 30 Country

4. FEI Number **59-2281763** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**EBERLE, SUSAN  
320 N. MAGNOLIA AVE  
SUITE A-9  
ORLANDO FL 32801**

81 Name **Susan Eberle-Mims**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent's signature required when making change) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>TOPPARI, SUSAN</b>	
STREET ADDRESS	<b>7611 PINEMOUNT DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BRESSLER, ROBIN</b>	
STREET ADDRESS	<b>9419 BELMONT TERRACE</b>	
CITY-ST-ZIP	<b>OVEIDO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WHITINGHILL, STEPHANIE</b>	
STREET ADDRESS	<b>6541 FAIRWAY HILL COURT</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GORE-DUNLAP, LORENA</b>	
STREET ADDRESS	<b>777 GREEN OAKS COURT</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>EBERLE, SUSAN</b>	
STREET ADDRESS	<b>3327 MONIKA CIRCLE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PUHALOVICH, DONNA</b>	
STREET ADDRESS	<b>876 ROYALWOOD LANE</b>	
CITY-ST-ZIP	<b>OVEIDO FL</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Mette, Jennifer</b>
2.3 STREET ADDRESS	<b>11307 Riverbank Blvd.</b>
2.4 CITY-ST-ZIP	<b>Orlando, FL 32817</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Eberle-Mims, Susan</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>s McDonald, Connie</b>
6.3 STREET ADDRESS	<b>815 Dyson Drive</b>
6.4 CITY-ST-ZIP	<b>Winter Springs, FL 32708</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan Toppari **SUSAN TOPPARI** 3-8-96 407-359-9451  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)