

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90145 045 ****61.25

DOCUMENT # 763157

1. Corporation Name

BETA LAMBDA HOUSE CORPORATION OF DELTA DELTA DELTA, INC.

Principal Place of Business

**320 N. MAGNOLIA AVE
SUITE A-9
ORLANDO FL 32801
US**

Mailing Address

**320 N. MAGNOLIA AVE
SUITE A-9
ORLANDO FL 32801
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

3. Date Incorporated or Qualified

05/06/1982

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD
NAME TOPPARI, SUSAN
STREET ADDRESS 7611 PINEMOUNT DRIVE
CITY-ST-ZIP ORLANDO FL**

TITLE ☐ DELETE

**D
NAME GORMAN, SUE
STREET ADDRESS 488 MISTY LANE
CITY-ST-ZIP WINTER PARK FL**

TITLE ☐ DELETE

**SD
NAME MCDONALD, CONNIE
STREET ADDRESS 339 DEVON PLACE
CITY-ST-ZIP HEATHROW FL**

TITLE ☒ DELETE

**D
NAME BEST, KAY
STREET ADDRESS 502-106 VIA DELL ORO
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714**

TITLE ☐ DELETE

**PD
NAME EBERLE-MIMS, SUSAN
STREET ADDRESS 3327 MONIKA CIRCLE
CITY-ST-ZIP ORLANDO FL**

TITLE ☐ DELETE

**VDP
NAME BOGLE, LAUREN SIGMAN
STREET ADDRESS 1508 ANCHOR COURT
CITY-ST-ZIP ORLANDO FL 32804**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

**Treasurer
NAME MARY S. OLSON
STREET ADDRESS 415 Peachtree Road
CITY-ST-ZIP Orlando, FL 32804**

2.1 TITLE ☐ Change ☐ Addition

**2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**

3.1 TITLE ☐ Change ☐ Addition

**3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**

4.1 TITLE ☐ Change ☐ Addition

**4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

6.1 TITLE ☐ Change ☐ Addition

**6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP**

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Mary S. Olson 1-24-99 407 423-1303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0016339