


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90031 015 ****61.25

DOCUMENT # 763157					
1. Entity 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 415 PEACHTREE ROAD ORLANDO, FL 32804		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01162005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2281763	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
EBERLE-MIMS, SUSAN 320 N. MAGNOLIA AVE SUITE A-9 ORLANDO, FL 32801			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TOPPARI, SUSAN	NAME			
STREET ADDRESS	7611 PINEMOUNT DRIVE	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32810	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BANKS, KARIN	NAME			
STREET ADDRESS	2907 HARRISON	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32804	CITY-ST-ZIP			
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MCDONALD, CONNIE	NAME	SD Schwencik Fraley		
STREET ADDRESS	339 DEVON PLACE	STREET ADDRESS	1015 Vassar St.		
CITY-ST-ZIP	HEATHROW, FL 32746	CITY-ST-ZIP	Orlando FL 32804		
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OLSON, MARY S	NAME			
STREET ADDRESS	415 PEACHTREE ROAD	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32804	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	EBERLE-MIMS, SUSAN	NAME	D Julie Rankin		
STREET ADDRESS	3327 MONIKA CIRCLE	STREET ADDRESS	2215 Coldstream Drive		
CITY-ST-ZIP	ORLANDO, FL 32801	CITY-ST-ZIP	Winter Park, FL 32792		
TITLE	VDP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DENVER, ATHINA	NAME			
STREET ADDRESS	905 MANATEE CT	STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	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 the like empowered.					
SIGNATURE: <i>Mary S. Olson</i>		Date: 1-20-05		Daytime Phone #: 423-1303	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					