



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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01162005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2281763		Applied For <input checked="" 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 EBERLE-MIMS, SUSAN 320 N. MAGNOLIA AVE SUITE A-9 ORLANDO, FL 32801			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 NAME STREET ADDRESS CITY-ST-ZIP	PD TOPPARI, SUSAN 7611 PINEMOUNT DRIVE ORLANDO, FL 32810	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANKS, KARIN 2907 HARRISON ORLANDO, FL 32804	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCDONALD, CONNIE 339 DEVON PLACE HEATHROW, FL 32746	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OLSON, MARY S 415 PEACHTREE ROAD ORLANDO, FL 32804	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EBERLE-MIMS, SUSAN 3327 MONIKA CIRCLE ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDP DENVER, ATHINA 905 MANATEE CT ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Schwenck FRaley 1015 Vassar St. Orlando FL 32804				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Julie Rankin 2215 Coldstream Drive Winter Park, FL 32792				
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> Mary S. Olson, Treas. 1-20-05 423-1303					