

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90192 006 \*\*\*\*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**



04012007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2281763</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

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

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOPPARI, SUSAN 7611 PINEMOUNT DRIVE ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANKS, KARIN 2907 HARRISON ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D FRALY Schwenck</i> FRALY, SCHWENCK 1015 VASSAR STREET ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OLSON, MARY S 415 PEACHTREE ROAD ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANKIN, JULIE 2215 COLDSTREAM DRIVE WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDP DENVER, ATHINA 905 MANATEE CT ALTAMONTE SPRINGS, FL 32714

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Mary S. Olson* **MARY S. OLSON** **4-17-07** **423-1303**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone