

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**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**



01092008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-2281763**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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**

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME TOPPARI, SUSAN  
STREET ADDRESS 7611 PINEMOUNT DRIVE  
CITY-ST-ZIP ORLANDO, FL 32810

TITLE D  
NAME BANKS, KARIN  
STREET ADDRESS 2907 HARRISON  
CITY-ST-ZIP ORLANDO, FL 32804

TITLE D  
NAME FRALEY, SCHWENCK  
STREET ADDRESS 1015 VASSAR STREET  
CITY-ST-ZIP ORLANDO, FL 32804

TITLE TD  
NAME OLSON, MARY S  
STREET ADDRESS 415 PEACHTREE ROAD  
CITY-ST-ZIP ORLANDO, FL 32804

TITLE D  
NAME RANKIN, JULIE  
STREET ADDRESS 2215 COLDSTREAM DRIVE  
CITY-ST-ZIP WINTER PARK, FL 32792

TITLE VDP  
NAME DENVER, ATHINA  
STREET ADDRESS 905 MANATEE CT  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

000000837266  
03/04/08-80048-018 61.25

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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.