

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 769168**

1. Entity Name  
**BETA ALPHA HOUSE CORPORATION OF DELTA DELTA  
DELTA, INC.**



Principal Place of Business

**11207 ELMFIELD DR.  
TAMPA, FL 33625 US**

Mailing Address

**11207 ELMFIELD DR.  
TAMPA, FL 33625 US**



07052005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-2265581**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KREIS, ROSE  
616 ADDISON DR NE  
SAINT PETERSBURG, FL 33716**

**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

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 September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**000000374435  
07/25/05-80009-019 61.25**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MULLER, DREMA
STREET ADDRESS	3317 LEROY ST.
CITY-ST-ZIP	TAMPA, FL
TITLE	VD
NAME	BRYANT, ANGELA
STREET ADDRESS	13925 HAYWARD PL.
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	TD
NAME	KREIS, ROSE
STREET ADDRESS	616 ADDISON DR NE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #