

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 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**

DO NOT WRITE IN THIS SPACE

01122008 No Chg-NP

CR2E037 (4/06)

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 re-registering)

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	EVERETT, BEE
STREET ADDRESS	3316 KORINA LANE
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	VD
NAME	TOROK, TRISHA
STREET ADDRESS	5709 FIVE AERA RD
CITY-ST-ZIP	PLANT CITY, FL 33565
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	

U00000838741
03/05/08-80044-004 61.25

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #