

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90307 006 ****61.25

DOCUMENT # F93000000350

1. Entity Name
**DELTA SIGMA DELTA EDUCATIONAL FOUNDATION,
INC.**



Principal Place of Business
**301 EBBTIDE DR., SUITE F
NORTH PALM BEACH, FL 33408**

Mailing Address
**301 EBBTIDE DR., SUITE F
NORTH PALM BEACH, FL 33408**

34045844



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02292004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
38-6089377

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LYBOLDT, HOWARD R DR.
301 EBBTIDE DR., SUITE F
NORTH PALM BEACH, FL 33408**

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

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **V** ☐ Delete
NAME **WILL, PAUL**
STREET ADDRESS **4007 HARLEM ROAD**
CITY-ST-ZIP **SNYDER, NY 14226**

TITLE **V** ☒ Change ☐ Addition
NAME **Moyer, Charles P.**
STREET ADDRESS **45 Old Farms Road**
CITY-ST-ZIP **Moreland Hills, Ohio 44022**

TITLE **ST** ☐ Delete
NAME **KELLY, WILLIAM**
STREET ADDRESS **13662 VAN COURT LAND**
CITY-ST-ZIP **ST LOUIS, MO**

TITLE **ST** ☒ Change ☐ Addition
NAME **MOURINO, ARTHUR**
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **MOURINO, ARTHUR**
STREET ADDRESS **8397 ARNOLD ROAD**
CITY-ST-ZIP **MECHANICSVILLE, VA 23111**

TITLE **P** ☒ Change ☐ Addition
NAME **Will, Paul**
STREET ADDRESS **11965 Liberia Rd**
CITY-ST-ZIP **E. Aurora, NY 14052**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Will

4-23-04

Date

561-842-0208

Daytime Phone #