

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000000350

FILED
Jan 17, 2007
Secretary of State

Entity Name: DELTA SIGMA DELTA EDUCATIONAL FOUNDATION, INC.

Current Principal Place of Business:

11971 BRAMBLE COVE
FORT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

11971 BRAMBLE COVE
FORT MYERS, FL 33905

New Mailing Address:

FEI Number: 38-6089377 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HERTEL, DAVID E DR.
11971 BRAMBLE COVE
FORT MYERS, FL 33905 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTR () Delete
Name: MOURINO, ARTHUR
Address: 8397 ARNOLD ROAD
City-St-Zip: MECHANICSVILLE, VA 23111

Title: TR () Delete
Name: WILL, PAUL
Address: 2600 LUCERNE PARK RD
City-St-Zip: WINTER HAVEN, FL 33381

Title: STTR () Delete
Name: HERTEL, DAVID E
Address: 11971 BRAMBLE COVE
City-St-Zip: FORT MYERS, FL 33905

Title: VPTR () Delete
Name: MAHAN, MICHAEL S
Address: 19330 HWY 139
City-St-Zip: BRIERFIELD, AL 35035

Title: TR () Delete
Name: STERRAIDR, GEORGE
Address: 115 EAST 61ST ST.
City-St-Zip: NEW YORK, NY 10021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MOURINO, ARTHUR
Address: 8397 ARNOLD ROAD
City-St-Zip: MECHANICSVILLE, VA 23111

Title: TR (X) Change () Addition
Name: CAPIRANO, MEDICK
Address: 17 HENNIG DR.
City-St-Zip: PITTSBURGH, PA 15236

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TR (X) Change () Addition
Name: SFERRA, GEORGE
Address: 115 EAST 61ST ST.
City-St-Zip: NEW YORK, NY 10021

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID E. HERTEL

STR

01/17/2007

Electronic Signature of Signing Officer or Director

Date