

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000005981

1. Entity Name
USF DELTA CHI HOUSING CORPORATION



Principal Place of Business
C/O MARIO PETRUZZELLI
1234 RAINBOW CIRCLE
VALRICO, FL 33594

Mailing Address
C/O RAYMOND M. BLACKLIDGE
28810 FALLING LEAVES WAY
WESLEY CHAPEL, FL 33543-5761

FILED
08 APR 21 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04172008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3754483

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

BLACKLIDGE, RAYMOND M
28810 FALLING LEAVES WAY
WESLEY CHAPEL, FL 33543-5761

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, 2008

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	D	<input type="checkbox"/> Delete
NAME	PETRUZZELLI, MARIO	
STREET ADDRESS	1234 RAINBROOK CIRCLE	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BLACKLIDGE, RAYMOND M	
STREET ADDRESS	28810 FALLING LEAVES WAY	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEAVER, STAN	
STREET ADDRESS	710 SOUTH WESTSHORE	
CITY-ST-ZIP	TAMPA, FL 33609	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DRISCOLL, RUSSELL H	
STREET ADDRESS	2610 HOLLINGTON OAKS PLACE	
CITY-ST-ZIP	BRANDON, FL 33511	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPANGLER, JOHN	
STREET ADDRESS	2310 S HESPEAIDES CT	
CITY-ST-ZIP	TAMPA, FL 33629	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	500123910955	
CITY-ST-ZIP	04/17/08--01013--025 **61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

4-17-08