


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000008517 1. Entity Name DELANEY PARK NEIGHBORHOOD ASSOCIATION, INC.	
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Principal Place of Business 614 RICHMOND ST ORLANDO, FL 32806	Mailing Address 614 RICHMOND ST ORLANDO, FL 32806
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**DO NOT WRITE IN THIS SPACE**



02062007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3694776	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GARRIS, JOEL J  
614 RICHMOND ST  
ORLANDO, FL 32806

**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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WOLF, JAMES 611 E KALEY ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GARRIS, JOEL J 614 RICHMOND ST ORLANDO, FL 32806
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000000628741  
02/16/07-80029-007 61.25

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:  2/6/07 907-629-6977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #