


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 15, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000008517
 1. Entity Name
 DELANEY PARK NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
 614 RICHMOND ST
 ORLANDO, FL 32806

Mailing Address
 614 RICHMOND ST
 ORLANDO, FL 32806

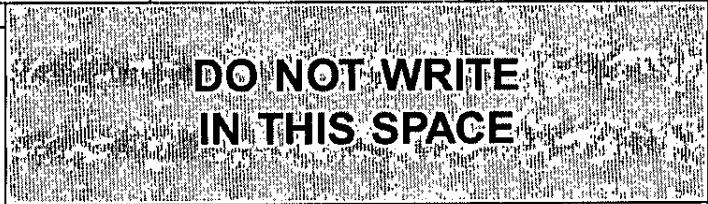



01292008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

GARRIS, JOEL J
 614 RICHMOND ST
 ORLANDO, FL 32806



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:  Joel Garris 2/12/08

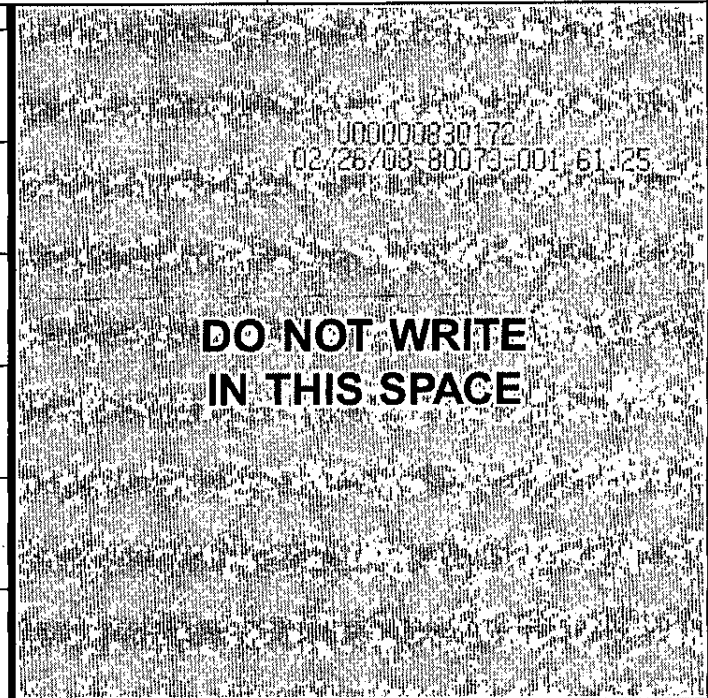
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee Is \$61.25
Due by May 1, 2008

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

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE 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:  Joel Garris 2/12/08 407-629-6777

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