# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jun 25, 2004**
**Secretary of State**

DOCUMENT# N02000007496

**Entity Name:** DELTA EDUCATION AND LIFE TRAINING ALLIANCE FOUNDATION OF ORLANDO, FL, INC.

**Current Principal Place of Business:**

7062 COUPERIN BLVD
ORLANDO, FL 32818

**New Principal Place of Business:**

**Current Mailing Address:**

7062 COUPERIN BLVD
ORLANDO, FL 32818

**New Mailing Address:**

**FEI Number: 16-1643524** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 323010000 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: | P | ( ) Delete |
| Name: | ADAMS KNIGHT, LOLA | |
| Address: | 7062 COUPERIN BLVD | |
| City-St-Zip: | ORLANDO, FL 32818 | |
| Title: | VP | ( ) Delete |
| Name: | SCOTT LUE, MARTHA | |
| Address: | 1337 TALL MAPLE LOOP | |
| City-St-Zip: | OVIEDO, FL 32765 | |
| Title: | S | ( ) Delete |
| Name: | MOODY, GLORIA | |
| Address: | 1142 CORETTA WAY | |
| City-St-Zip: | ORLANDO, FL 32805 | |
| Title: | T | ( ) Delete |
| Name: | COOPER, ROSE | |
| Address: | 4922 SANOMA VILLAGE | |
| City-St-Zip: | ORLANDO, FL 32808 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LOLA A. KNIGHT P 06/25/2004

Electronic Signature of Signing Officer or Director — Date