

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000007496	
1. Entity Name DELTA EDUCATION AND LIFE TRAINING ALLIANCE FOUNDATION OF ORLANDO, FL, INC.	

Principal Place of Business 7062 COUPERIN BLVD ORLANDO, FL 32818	Mailing Address 7062 COUPERIN BLVD ORLANDO, FL 32818
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DO NOT WRITE IN THIS SPACE



02062006 No Chg-NP CR2E037 (11/05)

4. FEI Number 16-1643524	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960

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9. 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 _____
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAMS KNIGHT, LOLA 7062 COUPERIN BLVD ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCOTT LUE, MARTHA 1337 TALL MAPLE LOOP OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOODY, GLORIA 1142 CORETTA WAY ORLANDO, FL 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COOPER, ROSE 4922 SANOMA VILLAGE ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/25/06-80005-011 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: <u>Rose M. Cooper</u> <u>Rose M. Cooper</u> <u>2/8/06</u> <u>407-482-6300</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #