

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004215

FILED  
Mar 17, 2005  
Secretary of State

**Entity Name:** DELTA RHO EDUCATIONAL FOUNDATION OF FLORIDA, INC.

**Current Principal Place of Business:**

11515 53RD ST N  
CLEARWATER, FL 33760

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 388  
PINELLAS PK, FL 337800388

**New Mailing Address:**

**FEI Number:** 30-0288194      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

STEVENS, R. MARSHALL  
11515 53RD ST N  
CLEARWATER, FL 33760      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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: P,D ( ) Change (X) Addition  
Name: STEVENS, R. MARSHALL  
Address: 1059 42ND AVENUE NE  
City-St-Zip: ST. PETERSBURG, FL 33703

Title: VP,D ( ) Change (X) Addition  
Name: BOGUE, MARK  
Address: 1931 ARROWHEAD DRIVE NE  
City-St-Zip: ST. PETERSBURG, FL 33703

Title: ST,D ( ) Change (X) Addition  
Name: CARR, ROBERT  
Address: 4511 BAYSHORE BLVD., NE  
City-St-Zip: ST. PETERSBURG, FL 33703

Title: D ( ) Change (X) Addition  
Name: SANTILLI, TOM  
Address: 320 NE 7TH STREET  
City-St-Zip: GAINESVILLE, FL 32601

Title: D ( ) Change (X) Addition  
Name: FARESE, JOHN  
Address: 3535 BAYSHORE BLVD. NE  
City-St-Zip: ST. PETERSBURG, FL 33703

Title: D ( ) Change (X) Addition  
Name: NACCARATO, NAT  
Address: 4269 CENTERGATE LANE, UNIT 102  
City-St-Zip: ORLANDO, FL 32814

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: R. MARSHALL STEVENS

P,D

03/17/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date