

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004215

FILED
Apr 22, 2008
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: P,D () Delete
Name: STEVENS, R. MARSHALL
Address: 1059 42ND AVENUE NE
City-St-Zip: ST. PETERSBURG, FL 33703

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

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

Title: D () Delete
Name: STEVENS, RHETT W
Address: 11515 53RD STREET NORTH
City-St-Zip: CLEARWATER, FL 33760

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

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

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
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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 exemption stated 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 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

04/22/2008

Electronic Signature of Signing Officer or Director

Date