

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007010

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: DELTA RHO SORORITY, INCORPORATED

## Current Principal Place of Business:

12207 HILLWOOD DRIVE  
SANFORD, FL 32771 US

## New Principal Place of Business:

2042 E. GLORIA DRIVE  
DELTONA, FL 32725 US

## Current Mailing Address:

P.O. BOX 471001  
LAKE MONROE, FL 32747 US

## New Mailing Address:

FEI Number: 20-1377797      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ELLIS, RENEE G  
12207 HILLWOOD DRIVE  
SANFORD, FL 32771 US

## Name and Address of New Registered Agent:

ELLIS, RENEE G  
2042 E. GLORIA DRIVE  
DELTONA, FL 32725 US

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: RENEE G. ELLIS

04/26/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BLUNT, TACREACIA S  
Address: P.O. BOX 471001  
City-St-Zip: LAKE MONROE, FL 32747 US

Title: VP ( ) Delete  
Name: ELLIS, RENEE G  
Address: P.O. BOX 471001  
City-St-Zip: LAKE MONROE, FL 32747 US

Title: S ( ) Delete  
Name: CLARK, SHAWNA K  
Address: P.O. BOX 39170  
City-St-Zip: PHILADELPHIA, PA 19136 US

Title: T ( ) Delete  
Name: LOTT, BARBARA A  
Address: P.O. BOX 471001  
City-St-Zip: LAKE MONROE, FL 32747 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition  
Name: HERRELL, MARGOT L  
Address: P.O. BOX 471001  
City-St-Zip: LAKE MONROE, FL 32747 US

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 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: RENEE G ELLIS

VP

04/26/2006

Electronic Signature of Signing Officer or Director

Date