2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007010

Address:

City-St-Zip:

P.O. BOX 471001

LAKE MONROE, FL 32747 US

FILED May 04, 2008 Secretary of State

Entity Name: DELTA RHO SORORITY, INCORPORATED				
Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
2042 E. GLO DELTONA,	ORIA DRIVE FL 32725 US	406 STEWART PARK DELAND, FL 32724	LANE US	
Current Mailing Address:		New Mailing Address	New Mailing Address:	
P.O. BOX 4 LAKE MON	471001 ROE, FL 32747 US			
	e with s. 607.193(2)(b), F.S., the corporation did n	•	Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Address of	f New Registered Agent:	
ELLIS, RENEE G 2042 E. GLORIA DRIVE DELTONA, FL 32725 US			406 STEWART PARK LANE	
The above in the State	named entity submits this statement for the of Florida.	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE: RENEE G ELLIS		05/04/2008	
	Electronic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete BLUNT, TACREACIA S P.O. BOX 471001 LAKE MONROE, FL 32747 US	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () Delete ELLIS, RENEE G P.O. BOX 471001 LAKE MONROE, FL 32747 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete CLARK, SHAWNA K P.O. BOX 471001 LAKE MONROE, FL 32747 US	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	T () Delete LOTT, BARBARA A	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: RENEE G ELLIS VΡ 05/04/2008