

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004808

FILED
Aug 23, 2007
Secretary of State

Entity Name: IOTA DELTA SCHOLARSHIP FOUNDATION, INC.

Current Principal Place of Business:

10644 VALETINE ROAD N
TALLAHASSEE, FL 323178611

New Principal Place of Business:

10644 VALENTINE ROAD N
TALLAHASSEE, FL 323178611

Current Mailing Address:

10644 VALETINE ROAD N
TALLAHASSEE, FL 323178611

New Mailing Address:

10644 VALENTINE ROAD N
TALLAHASSEE, FL 323178611

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, GARY W
2503 WALDEMAR LN
TALLAHASSEE, FL 323041251 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: D () Delete
Name: BARNES, RANDY
Address: 906 HAMMOCK SHADE DR
City-St-Zip: LAKE LAND, FL 33809

Title: S () Delete
Name: CHATMAN, LATARRANCE
Address: 65 PINE GROVE DR
City-St-Zip: PALM COAST, FL 32164

Title: C () Delete
Name: HOWARD, CECIL E
Address: 6357 OX BOW RUN
City-St-Zip: TALLAHASSEE, FL 323127547

Title: D () Delete
Name: DILBERT, LOUIS
Address: 2979 WOODRIDGE DR
City-St-Zip: TALLAHASSEE, FL 32301

Title: T () Delete
Name: LEWIS, CLAYTON K
Address: 10644 VALETINE ROAD N
City-St-Zip: TALLAHASSEE, FL 323178611

Title: D () Delete
Name: GAMBLES, MALCOLM
Address: 1600 PULLEN RD #3-D
City-St-Zip: TALLAHASSEE, FL 32303

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: T (X) Change () Addition
Name: LEWIS, CLAYTON K
Address: 10644 VALENTINE ROAD N
City-St-Zip: TALLAHASSEE, FL 323178611

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: CLAYTON K. LEWIS

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08/23/2007

Electronic Signature of Signing Officer or Director

Date