

# 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 VALETINE ROAD N  
TALLAHASSEE, FL 323178611

**Current Mailing Address:**

10644 VALETINE ROAD N  
TALLAHASSEE, FL 323178611

**New Mailing Address:**

10644 VALETINE 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: LAKELAND, 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: LEWIS, CLAYTON K  
Address: 10644 VALETINE 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

T

08/23/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date