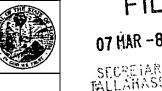
## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # N06000002340**

1. Entity Name DELTA SERVICE AND EDUCATION FOUNDATION OF GADSDEN COUNTY FL, INC.





FILED 07 MAR -8 PH 1:54 SECRETARY OF STATE.

Principal Place 656 SOUTH COUNCY, FL	11TH STREET	POST	Mailing Address POST OFFICE BOX 1566 QUINCY, FL 32353-1566						ASSEE.				1  1  1
Principal Place of Business - No P.O. Box #     3. Mailing Address							The state of the s						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					03062007	Chg	-NP	CR	2E037	(12/06)	1
City & State		City & State					4. FEI Numbe	r -/3	70119	D			plied For t Applicable
Zip	Zip Country		Zip Co		ntry		5. Certificate					8.75 Add	
	6. Name and Address of Current	Registere	d Agent				7. Name and	Addre	ss of Nev	v Registe	ered Ag	ent	
HOLTINE	₹M				Name								
HOLT, INE <b>弘M</b> 656 SOUTH 11TH STREET QUINCY, FL 32351					Street A	ddress (F	P.O. Box Numbe	er is No	ot Accepta	ible)			
40	2 02301				City							Zip Code	
											FL		
	named entity submits this statement folions of registered agent.	r the purp	ose of changing its	registere	ed office o	r register	ed agent, or bot	h, in th	ne State of	Florida.	I am fai	miliar with,	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered					d Agent signat	ure required	when reinstating)			0	DATE		
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financ Trust Fund Contribution.				\$5.00 May Be Added to Fees Make check payable to Florida Department of State						
10.	OFFICERS AND DI	RECTORS		11.		A	ADDITIONS/CHA	ANGES	S TO OFFI	CERS AN	IO DIRE	CTORS IN	10
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 止