


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 JUL 28 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45218 1. Entity Name NU DELTA HOUSE ASSOCIATION, INC.		
Principal Place of Business 829 W PENSACOLA ST. TALLAHASSEE, FL 32301		Mailing Address 1103 LASSWADE DR TALLAHASSEE, FL 32312
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>2100 Continental Ave.</i>
Suite, Apt. #, etc.		Suite, Apt. #, etc. #16
City & State		City & State <i>Tallahassee, FL</i>
Zip	Country	Zip 32304
6. Name and Address of Current Registered Agent BRYANT, M C 1103 LASSWADE DR TALLAHASSEE, FL 32312		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRYANT, M. C 1103 LASSWADE DR TALLAHASSEE, FL 32312	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BAUSERMAN, JOHN D 7882 REYNOLDS CT. TALLAHASSEE, FL 32312	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOPEZ, WEIMAR 6258 ALAMO DRIVE TALLAHASSEE, FL 32303	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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 <i>[Signature]</i>		Date <i>7/28/08</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>



07282008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3088203 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

207/29