

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


APPROVED
AND
FILED

07 APR 26 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E037 (10/06)

DOCUMENT # N45714 1. Entity Name DELTA INDUSTRIAL PARK PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 92 ROYSTER DR CRAWFORDVILLE FL 32327		Mailing Address 92 ROYSTER DR CRAWFORDVILLE FL 32327	
2. Principal Place of Business - No P.O. Box # 1311 Jackson Bluff Rd Suite, Apt. #, etc.		3. Mailing Address P.O. Box 20438 Suite, Apt. #, etc.	
City & State Tallahassee, FL Zip 32304		City & State Tallahassee, FL Zip 32316	
Country USA		Country USA	
4. FEI Number 59-3133281		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOORE, W. TAYLOR 99 ROYSTER DR CRAWFORDVILLE FL 32327		7. Name and Address of New Registered Agent Name Josh Kasper Street Address (P.O. Box Number is Not Acceptable) 1311 Jackson Bluff Rd City Tallahassee	
		State FL	
		Zip Code 32304	
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 <u>Josh Kasper</u> 4/26/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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	PD RAINEY, R. BARTOW 99 ROYSTER DR CRAWFORDVILLE FL 32327	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NICHOLS, J. HOWARD 99 ROYSTER DR CRAWFORDVILLE FL 32327	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOORE, W. TAYLOR 99 ROYSTER DR CRAWFORDVILLE FL 32327	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07 858-528-1398