## 2006 NOT-FOR-PROFIT CORPORATION -ANNUAL REPORT

## DOCUMENT # N93000001126

1. Entity Name

FLORIDA DECA ASSOCIATION & FOUNDATION, INC. - DELTA EPSILON CHI DIVISION



Principal Place of Business

.....

10790 NW 14TH ST. #180

PLANTATION, FL 33322

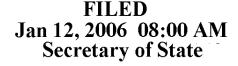
Mailing Address

10790 NW 14TH ST.

#180

DO NOT WRITE IN THIS SPACE

PLANTATION, FL 33322





01052006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 23-7079474 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

ROSE, JACK J 10790 NW 14TH ST.

#180

SIGNATURE

PLANTATION, FL 33322

## DO NOT WRITE IN THIS SPACE

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					
Signature, typed or printed name of registered agent and tille if applicable. (NOTE Registered Agent signature required when reinstating) DATE					
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Finan     Trust Fund Contribution	cing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROSE, JACK J. 10790 NW 14TH ST., SUITE 180 PLANTATION, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JOANNE, LEONI DR 1701 NE 127 STREET NORTH MIAMI, FL 33181				01/17/06-80001-008 70.00
TITLE NAME STREET ADDRESS CITY-SI-ZIP	DT SHEEKS, JACK DR 3501 S.W. DAVIE ROAD DAVIE, FL 33314			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICKER, PAUL 1000 COCONUT CREEK BLVD POMPANO BEACH, FL 33066	-		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplies ential 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 of 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 attachbeart with an address, with all other like empowered.					

INTED NAME OF SIGNING OFFICER OR DIRECTOR