2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 8:00 am
Secretary of State
03-04-2008 90014 047 ****61.25

DOCUMENT # N95000000623

1. Entity Name
THETA DELTA SCHOLARSHIP FOUNDATION, INC.

Principal Place of Business	Mailing Address
644 CESERY BOULEVARD SUITE 300 JACKSONVILLE, FL 32211 US	644 CESERY BOULEVARD SUITE 300 JACKSONVILLE, FL 32211 US

02212008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
#1 Fraternity Row	Gary Simons
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Gainesville, FL	121 NW 3rd Street
City & State	City & State
Zip 32611 Country Alachua	Ocala, FL Zip 34475 Country Marion

4. FEI Number 59-0542673 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~CAMERLENGO, JOSEPH V~~ ~~644 CESERY BOULEVARD~~ ~~SUITE 300~~ ~~JACKSONVILLE, FL 32211~~	Name: Charles L. Allen Street Address (P.O. Box Number is Not Acceptable): 4325 SW 83 Way City: Gainesville FL Zip Code: 32608

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: Charles L Allen 3-3-2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 DAVIS, DAVID 17080 HARBOUR POINTE DRIVE, #117 FORT MYERS, FL 33908	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SIMONS, GARY 121 NW THIRD STREET OCALA, FL 34475	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV HANCOCK, MARK 13033 HIDDEN BEACH WAY CLERMONT, FL 34711	☒ Delete	V.P. Dick Melohn	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZIMMERMAN, SANFORD 2 PRUDENTIAL PLAZA, 18TH FLOOR JACKSONVILLE, FL 32207	☒ Delete	V.P. Tom Colyer	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMERLENGO, JOSEPH V 644 CESERY BOULEVARD, SUITE 300 JACKSONVILLE, FL 32211	☒ Delete	Treasurer Charles L. Allen P.O. Box 140280 Gainesville, FL 32614-0280	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Charles L Allen, Treasurer 3-3-2008 (352) 214-1904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #