

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000623

FILED
Mar 07, 2009
Secretary of State

Entity Name: THETA DELTA SCHOLARSHIP FOUNDATION, INC.

Current Principal Place of Business:

#1 FRATERNITY ROW
SUITE 300
GAINESVILLE, FL 32511 US

New Principal Place of Business:

#1 FRATERNITY ROW
GAINESVILLE, FL 32601 US

Current Mailing Address:

GARY SIMONS
121 NW 3RD STREET
OCALA, FL 34475 US

New Mailing Address:

FEI Number: 59-0542673 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, CHARLES L
4325 SW 83 WAY
PENSACOLA, FL 32508 US

Name and Address of New Registered Agent:

ALLEN, CHARLES L
4325 SW 83 WAY
GAINESVILLE, FL 32608 US

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.

SIGNATURE:

03/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAVIS, DAVID
Address: 17080 HARBOUR POINTE DRIVE, #117
City-St-Zip: FORT MYERS, FL 33908

Title: SD () Delete
Name: SIMONS, GARY
Address: 121 NW THIRD STREET
City-St-Zip: OCALA, FL 34475

Title: VP () Delete
Name: MELOHN, DICK
Address: 13033 HIDDEN BEACH WAY
City-St-Zip: CLERMONT, FL 34711

Title: VP () Delete
Name: COLYER, TOM
Address: 2 PRUDENTIAL PLAZA, 18TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32207

Title: T () Delete
Name: ALLEN, CHARLES L
Address: PO BOX 140280
City-St-Zip: PENSACOLA, FL 325140280 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: ALLEN, CHARLES L
Address: PO BOX 140280
City-St-Zip: GAINESVILLE, FL 32608 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES L. ALLEN

RA

03/07/2009

Electronic Signature of Signing Officer or Director

Date