

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004796 (7)

1. Corporation Name

DELTA RHO ENDOWMENT FUND, INC.

Principal Place of Business

10717 SW 104TH ST.
MIAMI FL 33176

Mailing Address

10717 SW 104TH ST.
MIAMI FL 33176



3. Date Incorporated or Qualified

10/05/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0617974

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUDOVICI, EDWARD P ESQ.
17415 S. DIXIE HWY.
MIAMI FL 33157-5434

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D NACCARATO, NAT D
10717 SW 104TH ST.
MIAMI FL 33176

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D BIERLEY, JOHN C
111 E. MADISON ST., STE. 2200
TAMPA FL 33602

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D BROWN, III, REED B
7915 SW 42 TER.
GAINESVILLE FL 32698

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D CHRISTOFF, STEVEN M
3621 SW 7 AVE.
OCALA FL 32674

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D GRAPER, CHARLES E
832 NW 57 ST.
GAINESVILLE FL 32605

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D JACKSON, C. MICHAEL
1281 CALOOSA DR.
FT. MYERS FL 33901

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAT NACCARATO

Date

Daytime Phone #

600001888186
-07/09/96--01125--005
***61.25

07-08-96

(305) 598-2276

CR2E037 (3/96)