

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90069 008 ****61.25

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1. Entity Name
**DELTA ENRICHES LIFE THROUGH TRAINING &
AWARENESS (DELTA), INC.**



Principal Place of Business
**5004 E FOWLER AVE
UNIT C-313
TAMPA, FL 33617-2181 US**

Mailing Address
**5004 E FOWLER AVE
UNIT C-313
TAMPA, FL 33617-2181 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03012006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3501430

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**WALKER, PAULETTE
DELTA INC
5004 E FOWLER AVE UNIT C-313
TAMPA, FL 33617-2181**

Name

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

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2006**

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 SD ☐ Delete
NAME FRYER, DELMA
STREET ADDRESS 17218 EQUESTRIAN TRAIL
CITY-ST-ZIP ODESSA, FL 33556

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME HARDY, DONNA
STREET ADDRESS 1605 E POWHATAN AVE
CITY-ST-ZIP TAMPA, FL 33610

TITLE TD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LAWSON, JOANELL
STREET ADDRESS 9701 KINGS CANYON PLACE
CITY-ST-ZIP TAMPA, FL 33634

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LAURIA- DAVIS, MARIAN
STREET ADDRESS 4723 PURITAN CIR
CITY-ST-ZIP TAMPA, FL 33617

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE LD ☐ Delete
NAME WALKER, PAULETTE
STREET ADDRESS 2121 VALRICO VISTA DRIVE
CITY-ST-ZIP VALRICO, FL 33594

TITLE CD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VC ☐ Delete
NAME SWAGGER, PHILDRA
STREET ADDRESS 1604 ENGLISH BLUFFS
CITY-ST-ZIP BRANDON, FL 33511

TITLE VCD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Paulette Walker Paulette Walker

3-1-06 (813) 974-4874

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #