

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006585

FILED
Apr 29, 2008
Secretary of State

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

Current Principal Place of Business:

5004 E FOWLER AVE
UNIT C-313
TAMPA, FL 336172181 US

New Principal Place of Business:

Current Mailing Address:

5004 E FOWLER AVE
UNIT C-313
TAMPA, FL 336172181 US

New Mailing Address:

FEI Number: 59-3501430 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WALKER, PAULETTE
DELTA INC
5004 E FOWLER AVE UNIT C-313
TAMPA, FL 336172181 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: FRYER, DELMA
Address: 17218 EQUESTRIAN TRAIL
City-St-Zip: ODESSA, FL 33556

Title: TD () Delete
Name: HARDY, DONNA
Address: 1605 E POWHATAN AVE
City-St-Zip: TAMPA, FL 33610

Title: D () Delete
Name: LAWSON, JOANELL
Address: 9701 KINGS CANYON PLACE
City-St-Zip: TAMPA, FL 33634

Title: D () Delete
Name: LAURIA- DAVIS, MARIAN
Address: 4723 PURITAN CIR
City-St-Zip: TAMPA, FL 33617

Title: CD () Delete
Name: WALKER, PAULETTE
Address: 2121 VALRICO VISTA DRIVE
City-St-Zip: VALRICO, FL 33594

Title: VCD () Delete
Name: SWAGGER, PHILDRA
Address: 1604 ENGLISH BLUFFS
City-St-Zip: BRANDON, FL 33511

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

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: DONNA HARDY

TD

04/29/2008

Electronic Signature of Signing Officer or Director

Date