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**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90233 049 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N98000003111**

1. Corporation Name

**DELAND DELTA'S LIFE DEVELOPMENT CORPORATION**

406038 - 90233 - 49

Principal Place of Business

**DELTA LIFE DEVELOPMENT CENTER  
501 S DELWARE AVE  
DELAND FL 32720**

Mailing Address

**P.O. BOX 265  
DELAND FL 32721-0265**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**06/02/1998**

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

Not Applicable

**59-352-4665**

22

27

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DANDBRIDGE, CAROL J  
634 E HOWRY AVE  
DELAND FL 32724**

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

*Carol J. Dandridge* **Carol J. Dandridge**

**April 9, 1999**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**Carol J. Dandridge  
634 East Howry Avenue  
DeLand FL 32724**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**Cornelia Barrett  
906 Cabbage Court  
DeLand FL 32720**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**Melba A. Lee  
406 East Ohio Avenue  
DeLand FL 32724**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

**SIGNATURE:** *Melba A. Lee, Exec. Dir.* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 9, 1999**

Date

**(904)736-3789**

Daytime Phone #

CP2EN37 (1/1/98)