


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000003111	
1. Entity Name DELAND DELTA'S LIFE DEVELOPMENT CORPORATION	

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
---	--

DO NOT WRITE IN THIS SPACE



07192005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3524665	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WORTHY, HELEN 362 HERITAGE ESTATES LANE DELAND, FL 32720	DO NOT WRITE IN THIS SPACE
---	-----------------------------------

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: Helen Worthy (NOTE: Registered Agent signature required when reinstating) DATE: 7/27/2005

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRETT, CORNELIA 906 CABBAGE COURT DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, MELBA A 406 EAST OHIO AVENUE DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LIVINGSTON, MARTHA 805 S THOMPSON AVE. DELAND, FL 32721
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BING, BARBARA B 351 JACKSON AVE. DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000375391
18/02/05-80004-009 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Melba A. Lee (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: 07/27/05 DAYTIME PHONE #: 386-736-3789