


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90222 005 \*\*\*\*70.00

<b>DOCUMENT # N98000003111</b>	
1. Entity Name <b>DELAND DELTA'S LIFE DEVELOPMENT CORPORATION</b>	

Principal Place of Business <b>DELTA LIFE DEVELOPMENT CENTER 501 S DELWARE AVE DELAND, FL 32720</b>	Mailing Address <b>P.O. BOX 265 DELAND, FL 32721-0265</b>
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04182006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  <b>WORTHY, HELEN 362 HERITAGE ESTATES LANE DELAND, FL 32720</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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 <i>Deceased April 11, 2006</i> 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	

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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:** *BARBARA B. BING* *Barbara B. Bing* *4-21-06* *(386) 259-3097*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #