

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90201 010 \*\*\*\*61.25

<b>DOCUMENT # N98000003111</b>					
<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>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3524665	
<b>5. Name and Address of Current Registered Agent</b>  WORTHY, HELEN 362 HERITAGE ESTATES LANE DELAND, FL 32720				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>	
<b>6. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> D	<b>NAME</b> BARRETT, CORNELIA		<b>TITLE</b> S		
<b>STREET ADDRESS</b> CITY-ST-ZIP	908 CABBAGE COURT DELAND, FL 32720		Thomas Celestine 419 Baltimore Dr. Deland, FL 32720-7716		
<b>TITLE</b> T	<b>NAME</b> LIVINGSTON, MARTHA		<b>TITLE</b> P		
<b>STREET ADDRESS</b> CITY-ST-ZIP	805 S THOMPSON AVE. DELAND, FL 32721		Hill, Phosphoria P.O. Box 1377 Deland, FL 32721		
<b>TITLE</b> S	<b>NAME</b> BING, BARBARA B		<b>TITLE</b> M		
<b>STREET ADDRESS</b> CITY-ST-ZIP	351 JACKSON AVE. DAYTONA BEACH, FL 32114		Bing, Barbara 351 Jackson Ave. Daytona Bch, FL 32114		
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> D		
<b>STREET ADDRESS</b> CITY-ST-ZIP			Bender, Dorothy 1430 SkyrIDGE Dr. Deland, FL 32724		
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> D		
<b>STREET ADDRESS</b> CITY-ST-ZIP			Lane, Joan 1719 Brooks Ave. Deland, FL 32724		
<b>TITLE</b> 	<b>NAME</b> 		<b>TITLE</b> D		
<b>STREET ADDRESS</b> CITY-ST-ZIP			Hayes Joeretha 801 S. KOTHE Circle Daytona Bch, FL 32114		
<b>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.</b>					
<b>SIGNATURE:</b> <u>Barbara B. Bing</u> <u>Barbara B. Bing</u> <u>4/20/07 (386) 253-3097</u>					