

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003111

FILED
Mar 08, 2009
Secretary of State

Entity Name: DELAND DELTA'S LIFE DEVELOPMENT CORPORATION

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 265
DELAND, FL 327210265

New Mailing Address:

FEI Number: 59-3524665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WORTHY, HELEN
362 HERITAGE ESTATES LANE
DELAND, FL 32720 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: S () Delete
Name: THOMAS, CELESTINE
Address: 419 BALTIMORE DR.
City-St-Zip: DELAND, FL 32720

Title: P () Delete
Name: HILL, PHOSPHORIA
Address: P.O. BOX 1377
City-St-Zip: DELAND, FL 32721

Title: M () Delete
Name: BING, BARBARA
Address: 351 JACKSON AVE.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: BENDER, DOROTHY
Address: 1430 SKYRIDGE DR.
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: LANE, JOAN
Address: 1719 BROOKS AVE
City-St-Zip: DELAND, FL 32724

Title: E () Delete
Name: HAYES, JOERETHA
Address: 801 S. KOTTLE CIRCLE
City-St-Zip: DAYTONA BEACH, FL 32114

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:

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: TREASURER, MARTHA E. LIVINGSTON

TREA

03/08/2009

Electronic Signature of Signing Officer or Director

Date