

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 763157

**Entity Name:** BETA LAMBDA HOUSE CORPORATION OF DELTA DELTA DELTA, INC.

**FILED**  
**Apr 03, 2013**  
**Secretary of State**  
**CC4710905830**

**Current Principal Place of Business:**

415 PEACHTREE ROAD  
ORLANDO, FL 32804

**Current Mailing Address:**

415 PEACHTREE ROAD  
ORLANDO, FL 32804 US

**FEI Number: 59-2281763**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

OLSON, MARY S  
415 PEACHTREE ROAD  
ORLANDO, FL 32804 US

*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

**Officer/Director Detail :**

Title P  
Name DEVER, ATHINA MRS  
Address 905 MANATEE COURT  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title D  
Name BANKS, KARIN  
Address 2223 LEU ROAD  
City-State-Zip: ORLANDO FL 32803

Title VP  
Name TOPPARI, SUSAN  
Address 7611 PINEMOUNT DRIVE  
City-State-Zip: ORLANDO FL 32819

Title TD  
Name OLSON, MARY S  
Address 415 PEACHTREE ROAD  
City-State-Zip: ORLANDO FL 32804

Title D  
Name RANKIN, JULIE  
Address 2215 COLDSTREAM DRIVE  
City-State-Zip: WINTER PARK FL 32792

Title D  
Name DUNLAP, LORENA  
Address 777 GREEN OAKS COURT  
City-State-Zip: WINTER PARK FL 32789

*I hereby 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 all other like empowered.*

**SIGNATURE: MARY S OLSON**

**TREASURER**

**04/03/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date