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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 PM 4:18

CORPORATION
ANNUAL REPORT
1995



STATE DEPARTMENT OF STATE
Sandra B. Morison
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742272 (8)
1. Corporation Name
PHI DELTA KAPPA, FLORIDA NU CHAPTER, INC.

Principal Place of Business Mailing Address
5059 CANAL 14 ROAD LAKE WORTH FL 33467 US
19 WEST PINE TREE AVENUE WEST PALM BEACH, FL. LAKE WORTH FL 33467

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/03/1978 3a. Date of Last Report 03/28/1994
4. FEI Number 35-0580140 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 29 Zip Country 30 Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CRESSMAN, JAMES E.
19 WEST PINE TREE AVENUE
WEST PALM BEACH, FL
FLORIDA GARDENS FL 33463

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *James E. Cressman*
Signature of present or former name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	STD
NAME	MCKAY, LOUIS E.
STREET ADDRESS	8240 S. VIRGINIA AVE.
CITY-ST-ZIP	LAKE PARK FL
TITLE	VD
NAME	WATTS, RICHARD
STREET ADDRESS	443 KIRK ROAD
CITY-ST-ZIP	W PALM BCH. FL
TITLE	PD
NAME	CRESSMAN, JAMES E
STREET ADDRESS	19 W PINE TREE AVE
CITY-ST-ZIP	FLORIDA GRDNS FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James E. Cressman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR