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Mar 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 742272 (8)

1. Corporation Name  
PHI DELTA KAPPA, FLORIDA NU CHAPTER, INC.



Principal Place of Business: 5059 CANAL 14 ROAD, LAKE WORTH FL 33467 US  
Mailing Address: 19 WEST PINE TREE AVENUE, WEST PALM BEACH, FL, LAKE WORTH FL 33467-4832

3. Date Incorporated or Qualified: 04/03/1978  
3a. Date of Last Report: 06/24/1996

2. Principal Place of Business: 21 Suite. Apt. #, etc.  
2a. Mailing Address: 26 Suite. Apt. #, etc.

4. FEI Number: 35-0580140  
Applied For: Not Applicable

22. City & State: 27  
23. City & State: 28

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

24. Zip: 25 Country: 29 Zip: 30 Country: 30

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
STD	MCKAY, LOUIS E.	8240 S. VIRGINIA AVE.	LAKE PARK FL	<input type="checkbox"/>
VD	WATTS, RICHARD	443 KIRK ROAD	W PALM BCH. FL	<input type="checkbox"/>
PD	CRESSMAN, JAMES E	19 W PINE TREE AVE	FLORIDA GRDNS FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
1.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James E Cressman 2/18/97 (561) 842-5336 X212  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 004401R

CR2E037 (9/96)