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**Feb 10, 1999 8:00 am**  
**Secretary of State**

02-10-1999 90050 007 \*\*\*\*61.25

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**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 742272**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

04/03/1978

4. FEI Number

35-0580140

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

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:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-99 561-683  
 2755

CR2E037 (11/98)