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NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 742272

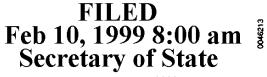
1. Corporation Name

PHI DELTA KAPPA, FLORIDA NU CHAPTER, INC.

Principal Place of Business 5059 CANAL 14 ROAD LAKE WORTH FL 33467

Mailing Address

19 WEST PINE TREE AVENUE WEST PALM BEACH, FL. LAKE WORTH FL 33467



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2. Principal P	Place of Business	2a. Mailing Address		1118	3. Date Incorporated	or Qualifed			
21		26			04/03/1978				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		Apr	lied For	
22		27			35-0580140		. Not	Applicable	
City & Stat	te	City & State			5. Certifcate of Statu	s Desired	\$8.75 A		
23		28			5. Certificate of Statu	is Desiled	Fee Red	quired	
Zip	Country	Zip	Country		6. Election Campaign	n Financing	\$5.00	May Be	
24	25	29	30		Trust Fund Contrib	bution	Added to	Fees	
•	9. Name and Address of Current	Registered Agent			10. Name and Addre	ss of New Registere	ed Agent		
,			81	Name					
CRESSMA	AN JAMES E		82	Street Addr	ess (P.O. Box Number is	Not Acceptable)			
CRESSMAN, JAMES E. 19 WEST PINE TREE AVENUE				Onest Address (F.S. Dex Hamber to Her Acceptable)					
	LM BEACH,FL		83		;	, :			
	GARDENS FL 33463			Dia.	<u> </u>	i	. 85 Zip C	ode	
FLORIDA	CARDENS FE 30403		84	City		·	L	000	
11. Pursuant	to the provisions of Sections 617.0502	and 617 1508. Florida Statut	es, the above	-named corp	oration submits this state	ment for the purpose	of changing its	registered	
office or i	registered agent, or both, in the State o	nf Florida. Such change was a	uthorized by	tne corporatic	on's board of directors. I t	hereby accept the app	pomunent as reg	istered	
: agent. I a	am familiar with, and accept the obligati	ions of, Section 617.0003, Fig	nga Statutes.	•	. (5)	r sa mag lawar manana		7 747 4 77	
SIGNATURE	Signature, typed or printed name of registered agent				d		 		
		and title if applicable (NOTE	Registered Agen	t signature required		DATE			
12			: Registered Agen	t signature required		GES TO OFFICERS	AND DIRECTO	RS IN 12	
12.	OFFICERS ANI	D DIRECTORS	13.	t signature required	ADDITIONS/CHAN		AND DIRECTO	RS IN 12	
TITLE	OFFICERS AND		13.	t signature required					
TITLE NAME	OFFICERS AND STD MCKAY, LOUIS E.	D DIRECTORS	13. 1.1 TITLE 1.2 NAME		ADDITIONS/CHAN				
TITLE NAME STREET ADDRESS	OFFICERS ANI STD MCKAY, LOUIS E. 8240 S. VIRGINIA AVE.	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS	ADDITIONS/CHAN				
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indicated on this annual report or supplied with all strue 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: