


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 742272 1. Entity Name PHI DELTA KAPPA, FLORIDA NU CHAPTER, INC.	
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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
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01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 35-0580140	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRESSMAN, JAMES E.
19 WEST PINE TREE AVENUE
WEST PALM BEACH, FL
FLORIDA GARDENS, FL 33463

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IN THIS SPACE**

7. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE JAMES CRESSMAN P.D. J.E. Cressman DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCKAY, LOUIS E. 8240 S. VIRGINIA AVE. LAKE PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WATTS, RICHARD 443 KIRK ROAD W PALM BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRESSMAN, JAMES E 19 W PINE TREE AVE FLORIDA GRDNS, FL
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01/14/05-80047-003 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Richard Watts Richard Watts 1-12-05 818-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #