


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 742272
 1. Entity 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



01052008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
 35-0580140

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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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8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25
Due by May 1, 2008

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

DATE
 01/16/08-80031-021 61.25

10. 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	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 817, 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 1-14-08 561 683-3755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #