

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 742272

FILED  
Dec 08, 2009  
Secretary of State

Entity Name: PHI DELTA KAPPA, FLORIDA NU CHAPTER, INC.

**Current Principal Place of Business:**

5059 CANAL 14 ROAD  
LAKE WORTH, FL 33467 US

**New Principal Place of Business:**

5060 S. HAVERHILL ROAD EXT.  
GREEN ACRES, FL 33467 US

**Current Mailing Address:**

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

**New Mailing Address:**

P.O. BOX 5627  
LAKE WORTH, FL 33467 56

FEI Number: 35-0580140      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

CRESSMAN, JAMES E.  
7364 PINEFOREST CIR.  
LAKE WORTH, FL 33467 US

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.

SIGNATURE: JAMES E. CRESSMAN

12/08/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: MCKAY, LOUIS E.  
Address: 8240 S. VIRGINIA AVE.  
City-St-Zip: LAKE PARK, FL

Title: VD ( ) Delete  
Name: WATTS, RICHARD  
Address: 443 KIRK ROAD  
City-St-Zip: W PALM BCH., FL

Title: PD ( ) Delete  
Name: CRESSMAN, JAMES E  
Address: 19 W PINE TREE AVE  
City-St-Zip: FLORIDA GRDNS, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: CRESSMAN, JAMES E  
Address: 7364 PINEFOREST CIR.  
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E. CRESSMAN

PD

12/08/2009

Electronic Signature of Signing Officer or Director

Date