

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90549 014 \*\*\*\*\*70.00

**DOCUMENT # 742272**



1. Entity Name  
**PHI DELTA KAPPA, FLORIDA NU CHAPTER, INC.**

Principal Place of Business  
**5069 CANAL 14 ROAD  
LAKE WORTH FL 33467  
US**

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

**40010300**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **35-0580140**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>MCKAY, LOUIS E.</b>	
STREET ADDRESS	<b>8240 S. VIRGINIA AVE.</b>	
CITY-ST-ZIP	<b>LAKE PARK FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>WATTS, RICHARD</b>	
STREET ADDRESS	<b>443 KIRK ROAD</b>	
CITY-ST-ZIP	<b>W PALM BCH. FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>CRESSMAN, JAMES E</b>	
STREET ADDRESS	<b>19 W PINE TREE AVE</b>	
CITY-ST-ZIP	<b>FLORIDA GRDNS FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 I am empowered.

SIGNATURE *[Signature]* **RECORDED 1-16-03** **561-683-3755**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)