

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

95 JAN 23 AM 9 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 770976 (9)**  
1. Corporation Name  
**THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL - MU  
STATE INCORPORATED**

Principal Place of Business Mailing Address  
**5751 COUGARS PROWL LAKE WORTH FL 33467-8416**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/28/1983</b>	3a. Date of Last Report <b>01/20/1994</b>
4. FEI Number <b>59-6138065</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent  
**CENOWER, MARJORIE R.  
5751 COUGARS PROWL  
LAKE WORTH FL 33467-8416**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BIVENS, CONNIE 5516 ARTHUR ST HOLLYWOOD FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MIX, JUDITH 2287 SW 18TH ST OKEECHOBEE FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D SMITH, EDIE 7150 CAPTAIN KIDD AVE SARASOTA FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>RS TANNER, JEANNE 8211 BRANT ST PORT RICHEY FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CS SCHRAGE, MERRY 7241 MIAMI LAKEWAY S MIAMI LAKES FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T CENOWER, MARJORIE 5751 COUGARS PROWL LAKE WORTH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marjorie R. Cenower MARJORIE R. CENOWER 01/14/95 407-795-6604  
Typed Name and Printed Name of Signing Officer or Director Title Telephone #