

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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



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

3. Date Incorporated or Qualified: **10/28/1983**
3a. Date of Last Report: **01/23/1995**
4. FEI Number: **59-6138065**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature type for printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when new filing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <input type="checkbox"/> DELETE	D BIVENS, CONNIE 5516 ARTHUR ST HOLLYWOOD FL	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> DELETE	D MIX, JUDITH 2267 SW 16TH ST OKEECHOBEE FL	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input checked="" type="checkbox"/> DELETE	D SMITH, EDIE 7150 CAPTAIN KIDD AVE SARASOTA FL	2.2 NAME: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D PENLAND, JOAN 2809 SW 81 ST GAINESVILLE, FL 32607
TITLE: <input checked="" type="checkbox"/> DELETE	RS TANNER, JEANNE 8211 BRANT ST PORT RICHEY FL	4.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	RS COCCHIARELLA, DR JOANNA 8005 S TROPICAL TRAIL MERRITT ISLAND, FL 32952
TITLE: <input checked="" type="checkbox"/> DELETE	CS SCHRAGE, MERRY 7241 MIAMI LAKEWAY S MIAMI LAKES FL	5.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	CS BAUMGART, FRAN 3640 SW 21 CT FT LAUDERDALE, FL 33312
TITLE: <input type="checkbox"/> DELETE	T CENOWER, MARJORIE 5751 COUGARS PROWL LAKE WORTH FL	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 119.07(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 617, 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** **01/18/96** **407 795-6604**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)