

FILE NOW: FILING FEE IS \$61.25

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**Jan 22 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 10/28/1983		
4. FEI Number 59-6138065	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	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	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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE MARJORIE R. CENOWER Marjorie R. Cenower 1/21/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BIVENS, CONNIE	
STREET ADDRESS	5516 ARTHUR ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MIX, JUDITH	
STREET ADDRESS	2267 SW 16TH ST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PENLAND, JOAN	
STREET ADDRESS	2809 S.W. 81 STREET	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	RS	<input checked="" type="checkbox"/> DELETE
NAME	COCCHIARELLA, DR. JOANNA	
STREET ADDRESS	8005 S. TROPICAL TRAIL	
CITY-ST-ZIP	MERRIT ISLAND FL	
TITLE	CS	<input checked="" type="checkbox"/> DELETE
NAME	BAUMGART, FRAN	
STREET ADDRESS	2802 SE 18TH CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CENOWER, MARJORIE	
STREET ADDRESS	5751 COUGARS PROWL	
CITY-ST-ZIP	LAKE WORTH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MIX, JUDITH	
1.3 STREET ADDRESS	2267 SW 16 ST	
1.4 CITY-ST-ZIP	ORLANDO, FL 32835	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BAUMGART, FRAN	
2.3 STREET ADDRESS	2802 SE 18 CT	
2.4 CITY-ST-ZIP	ORLANDO, FL 32835	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	NEBRIT, DORIS	
3.3 STREET ADDRESS	6111 BEAR CREEK CT	
3.4 CITY-ST-ZIP	LAKE WORTH, FL 33467	
4.1 TITLE	RS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SPURRY, LINDA	
4.3 STREET ADDRESS	6482 5th AVE N.	
4.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33710-6902	
5.1 TITLE	CS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VAN DIEPE, BARRARA	
5.3 STREET ADDRESS	2400 ST. ANDREWS AVE.	
5.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021	
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 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 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 01/05/98 561 795-6604

CR2E037 (10/97)