

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2004 8:00 am
Secretary of State

01-21-2004 90008 037 ****61.25

DOCUMENT # 770976

1. Entity Name
THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL - MU STATE INCORPORATED



Principal Place of Business
**253 PRADO
 APALACHICOLA, FL 32320**

Mailing Address
**253 PRADO
 APALACHICOLA, FL 32320**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-6138065

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

**PONDER, MYRA H
 253 PRADO
 APALACHICOLA, FL 32320**

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

*Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5 5

**Filing Fee is \$61.25
 Due by May 1, 2004**

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 Delete
 NAME **D NESBIT, DORIS**
 STREET ADDRESS **6111 BEAR CREEK CT.**
 CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE Change Addition
 NAME **D GROSS, ELSIE DR**
 STREET ADDRESS **13310 BELLAMY BLVD**
 CITY-ST-ZIP **DADE CITY, FL 33525**

TITLE Delete
 NAME **D GROSS, ELSIE DR**
 STREET ADDRESS **13310 BELLAMY BROS. BLVD**
 CITY-ST-ZIP **DADE CITY, FL 33525**

TITLE Change Addition
 NAME **D LUMSDEN, ANN DR**
 STREET ADDRESS **2057 CYNTHIA DRIVE**
 CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE Delete
 NAME **D CLEARY, FERN, MRS**
 STREET ADDRESS **9557 PORTSIDE DRIVE**
 CITY-ST-ZIP **SEMINOLE, FL 33776**

TITLE Change Addition
 NAME **D VAN DIEPEN, BARBARA**
 STREET ADDRESS **2400 ST. ANDREWS ROAD**
 CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE Delete
 NAME **CS HENRY, ORA JEAN**
 STREET ADDRESS **255 SUNTAN AVE.**
 CITY-ST-ZIP **SARASOTA, FL 34237**

TITLE Change Addition
 NAME **CS DuBOISE, PEGGY**
 STREET ADDRESS **P.O. Box 2002**
 CITY-ST-ZIP **OKEECHOBEE, FL 34973**

TITLE Delete
 NAME **RS LASSETER, SHARON**
 STREET ADDRESS **616 HIGHLAND AVE.**
 CITY-ST-ZIP **QUINCY, FL 32351**

TITLE Change Addition
 NAME **RS ERHARDT, MARY LEE**
 STREET ADDRESS **2719 SUMMITT DRIVE**
 CITY-ST-ZIP **SEBRING, FL 33870**

TITLE Delete
 NAME **T PONDER, MYRA H**
 STREET ADDRESS **253 PRADO**
 CITY-ST-ZIP **APALACHICOLA, FL 32320**

TITLE Change 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 like empowered.

SIGNATURE: Myra H. Ponder (Myra H. Ponder)

1/18/04

850-653-9457

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #