

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770976

FILED
Jan 16, 2005
Secretary of State

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

Current Principal Place of Business:

253 PRADO
APALACHICOLA, FL 32320

New Principal Place of Business:

Current Mailing Address:

253 PRADO
APALACHICOLA, FL 32320

New Mailing Address:

FEI Number: 59-6138065 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PONDER, MYRA H
253 PRADO
APALACHICOLA, FL 32320 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GROSS, ELSIE DR
Address: 13310 BELLAMY BLVD
City-St-Zip: DADE CITY, FL 33525

Title: D () Delete
Name: LUMSDEN, ANN DR
Address: 2057 CYNTHIA DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: VAN DIEPEN, BARBARA
Address: 2400 ST. ANDREWS ROAD
City-St-Zip: HOLLYWOOD, FL 33021

Title: CS () Delete
Name: DU BOSE, PEGGY
Address: P.O. BOX 2002
City-St-Zip: OKEECHOBEE, FL 34973

Title: RS () Delete
Name: ERHARDT, MARY L
Address: 2719 SUMMIT DRIVE
City-St-Zip: SEBRING, FL 33870

Title: T () Delete
Name: PONDER, MYRA H
Address: 253 PRADO
City-St-Zip: APALACHICOLA, FL 32320

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYRA H. PONDER

T

01/16/2005

Electronic Signature of Signing Officer or Director

_____ Date