

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Oct 07 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 # **739293**

(9)

1. Corporation Name

**DELTA KAPPA CHAPTER OF DELTA PHI EPSILON HOUSE C
ORPORATION**

Principal Place of Business

Mailing Address

1750 N.W. 8TH AVENUE
GAINESVILLE FL 32603

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GAINESVILLE FL 32603

3. Date Incorporated or Qualified

06/08/1977

4. FEI Number

59-0747893

Applied For

Not Applicable

2. Principal Place of Business

21 1115 SW 9th Ave

2a. Mailing Address

26 200 E. Buffalo St

Suite, Apt. #, etc.

22 Gainesville

Suite, Apt. #, etc.

27 402

City & State

23 Florida

City & State

28 Ithaca N.Y.

Zip

24 32601

Country

25 Alachua

Zip

29 14850

Country

30 TOMPKINS

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SILVERMAN, FAYE
1750 N.W. 8TH AVENUE
GAINESVILLE FL

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	TD
NAME	SILVERMAN, FAYE	1.2 NAME	Ellen Alper
STREET ADDRESS	1750 N.W. 8TH AVE.	1.3 STREET ADDRESS	734 West Port Plaza Suite 211
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	St. Louis, MO 63146
TITLE	SD	2.1 TITLE	SD
NAME	SILVERMAN, ILENE	2.2 NAME	Donna Bruehling
STREET ADDRESS	1750 N.W. 8TH AVE.	2.3 STREET ADDRESS	1546 Cordova Ave.
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	Lakewood, OH 44107
TITLE	TD	3.1 TITLE	PD
NAME	ULMER, GALE	3.2 NAME	Barbara W Kahan
STREET ADDRESS	2293 F DUNWOODY CROSSING	3.3 STREET ADDRESS	221 Warren Pl
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	Ithaca NY 14850
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Barbara W Kahan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/98

Date

607 272 5550

Daytime Phone #

CR2E037 (5/98)