

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90011 004 ****61.25

DOCUMENT # 739293

1. Entity Name
**DELTA KAPPA CHAPTER OF DELTA PHI EPSILON
HOUSE CORPORATION**



Principal Place of Business
**1115 SW 9TH AVE
GAINESVILLE, FL 32601 US**

Mailing Address
**200 E BUFFALO ST
SUITE 402
ITHACA, NY 14850 US**

44049997



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07082004 Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-0747893

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

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

Deceased

Name **Sandra Trainor**

Street Address (P.O. Box Number is Not Acceptable)

931 Lantania Place

City **Oviedo**

FL

Zip Code
32765

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 *Sandra Trainor*

7/20/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 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 **TD** ☐ Delete
NAME **ALPER, ELLEN**
STREET ADDRESS **734 WEST PORT PLAZA SUITE 271**
CITY-ST-ZIP **ST LOUIS, MO 63146**

TITLE **TD** ☒ Change ☐ Addition
NAME **Alper Ellen**
STREET ADDRESS **16 A Worthington Dr**
CITY-ST-ZIP **Maryland Heights, MO 63043**

TITLE **SD** ☐ Delete
NAME **BRUNING, DONNA**
STREET ADDRESS **1546 CORDOVA AVE**
CITY-ST-ZIP **LAKEWOODK, OH 44107**

TITLE **SD** ☒ Change ☐ Addition
NAME **Bruning, Donna**
STREET ADDRESS **37 Rinehart Lane**
CITY-ST-ZIP **Savannah, GA 31410**

TITLE **D** ☐ Delete
NAME **KATHAN, BARBARA W**
STREET ADDRESS **221 WARREN PL**
CITY-ST-ZIP **ITHACA, NY 14850**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

Barbara W Kathan

7/20/04

607 272 5550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #