

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90055 020 ****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**

50005041



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-0747893

Applied For
Not Applicable

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

**TRAINOR, SANDRA
931 LANTANIA PLACE
OVIEDO, FL 32765**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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

TITLE: **TD** ☒ Delete
NAME: **ALPER, ELLEN**
STREET ADDRESS: **16 A WORTHINGTON DR**
CITY-ST-ZIP: **MARYLAND HEIGHTS, MO 63043**

TITLE: **SD** ☐ Delete
NAME: **BRUNING, DONNA**
STREET ADDRESS: **37 RUNABOUT 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: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **TD** ☒ Change ☐ Addition
NAME: **Aushury, Felicia**
STREET ADDRESS: **16 A Worthington Dr**
CITY-ST-ZIP: **Maryland Heights, mo 63043**

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

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

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

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/05

607 272 5550