

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90024 036 ****61.25

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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

60006989



DO NOT WRITE IN THIS SPACE

01222006 No Chg-NP CR2E037 (11/05)

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

TRAINOR, SANDRA
931 LANTANIA PLACE
OVIEDO, FL 32765

**DO NOT WRITE
IN THIS SPACE**

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

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE TD
NAME ASHBURY, FELICIA
STREET ADDRESS 16 A WORTHINGTON DRIVE
CITY-ST-ZIP MARYLAND HEIGHTS, MO 63043

TITLE SD
NAME BRUNING, DONNA
STREET ADDRESS 37 RUNABOUT LANE
CITY-ST-ZIP SAVANNAH, GA 31410

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

4/22/06

Date

607/272/5550

Daytime Phone #