

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


FILED

04 APR -6 AM 8:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F02000006326**

1. Entity Name  
DELTA GAMMA FOUNDATION, INC.



Principal Place of Business: 3250 RIVERSIDE DR., P.O. BOX 21397, COLUMBUS, OH 43221-0397

Mailing Address: 3250 RIVERSIDE DR., P.O. BOX 21397, COLUMBUS, OH 43221-0397

**DO NOT WRITE IN THIS SPACE**



03242004 No Chg-NP CR2E037 (10/03)

4. FEI Number 31-6034001	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CRUCQ, SUSAN BEAVERS  
1811 HURON TRAIL  
MAITLAND, FL 32751

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	BARNHART, JUDITH V
STREET ADDRESS	150 WHIELDON LANE
CITY-ST-ZIP	WORTHINGTON, OH 430852900
TITLE	VC
NAME	SCHMOKER, CATHERINE S
STREET ADDRESS	6616 BISCAYNE BLVD.
CITY-ST-ZIP	MINNEAPOLIS, MN 55436
TITLE	D
NAME	FARWELL, DOROTHY W
STREET ADDRESS	6930 APAKI PLACE
CITY-ST-ZIP	DIAMOND HEAD, MS 395253545
TITLE	D
NAME	FLINT, DORIS SONNIE
STREET ADDRESS	4971 KEANE DR.
CITY-ST-ZIP	CARMICHAEL, CA 95608
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/09/04--01003--010 \*\*61.25

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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: Judith V. Barnhart Judith V. Barnhart 3/29/04 614-481-8169

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #