

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N96000000883 (6)**

1. Corporation Name

**DELTA PSI HOUSING CORPORATION OF PHI SIGMA SIGMA
, INC.**

Principal Place of Business

Mailing Address

**C/O DEBRA REYES, SECRETARY
11000 UNIVERSITY PKY., DORM #24
PENSACOLA FL 32514****2759 COUNTRY BREEZE BLVD.
NAVARRE FL 32566-7940**

3. Date Incorporated or Qualified

02/16/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MITCHELL, WILLIAM R
9TH FL. SUN BANK TOWER
220 W. GARDEN ST.
PENSACOLA FL 32501****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 reinstating)

DATE

12. OFFICERS AND DIRECTORS**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12TITLE **D** ☐ DELETENAME **SYLVESTER, MELISSA**
STREET ADDRESS **3331 SUMMIT BLVD., #135**
CITY-ST-ZIP **PENSACOLA FL 32503**TITLE **D** ☐ DELETENAME **MITCHELL, LAURA B**
STREET ADDRESS **3148 BIRDSEYE CIR.**
CITY-ST-ZIP **GULF BREEZE FL 32561**TITLE **D** ☐ DELETENAME **REYES, DEBRA B**
STREET ADDRESS **2759 COUNTRY BREEZE BLVD.**
CITY-ST-ZIP **NAVARRE FL 32566**TITLE **D** ☒ DELETENAME **KRALEY, JOYCE**
STREET ADDRESS **22 SUNSET RD.**
CITY-ST-ZIP **MAYNARD MA 01754**TITLE **D** ☐ DELETENAME **CURTO, VICTORIA**
STREET ADDRESS **8435 TIMBER RUN LN.**
CITY-ST-ZIP **RICHMOND VA 23228**TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP1.1 TITLE **D** ☒ Change ☐ Addition1.2 NAME **melissa Sylvester**
1.3 STREET ADDRESS **4586 Roswell Rd NW2**
1.4 CITY-ST-ZIP **Atlanta, GA 30342**2.1 TITLE **D** ☐ Change ☒ Addition2.2 NAME **Boone, Melanie**
2.3 STREET ADDRESS **PO. Box 135 N/A**
2.4 CITY-ST-ZIP **Sykesville, MD 21784 N/A**3.1 TITLE ☐ Change ☐ Addition3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP**14.** I do 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: *Debra J. B. Reyes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEBRA J. B. REYES

Date

8 Jan 97 (GOW) 935-3315Daytime Phone # **0074353**

CR2E037 (9/96)