

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000000883**

1. Entity Name

DELTA PSI HOUSING CORPORATION OF PHI SIGMA SIGMA, INC.

Principal Place of Business

Mailing Address

C/O JENNIFER CRAFTFORD
11000 UNIVERSITY PKWY DORM 4
PENSACOLA FL 32514
US3904 INDIA COVE
GULF BREEZE FL 32561
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3295088

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

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **CRAFTFORD, JENNIFER**
STREET ADDRESS **3904 INDIA COVE**
CITY-ST-ZIP **GULF BREEZE FL 32561**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **GERACK, MICHELE**
STREET ADDRESS **2299 SCENIC HWY AP M3**
CITY-ST-ZIP **PENSACOLA FL 32503**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DH** ☐ Delete
NAME **BURKE, DARCY**
STREET ADDRESS **16147 SW PALERNO DR**
CITY-ST-ZIP **TIGARD OR 97223**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JENNIFER M. CRAFTFORD

Date

1-14-02

Daytime Phone #

850-435-3335



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

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