

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90068 039 \*\*\*\*61.25

**DOCUMENT # N96000000883**

1. Entity Name

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



Principal Place of Business

**C/O JENNIFER CRAFTORD  
11000 UNIVERSITY PKWY DORM 4  
PENSACOLA FL 32514  
US**

Mailing Address

**3904 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

**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

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25**

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 **D** ☐ Delete  
NAME **CRAFTORD, JENNIFER**  
STREET ADDRESS **3904 INDIA COVE**  
CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE **T** ☐ Delete  
NAME **GERACK, MICHELE**  
STREET ADDRESS **2299 SCENIC HWY AP M3**  
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **DM** ☒ Delete  
NAME **BURKE, DARCY**  
STREET ADDRESS **16147 SW PALERNO DR**  
CITY-ST-ZIP **TIGARD OR 97223**

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 **D** ☒ Change ☐ Addition  
NAME **Jennifer Craftord**  
STREET ADDRESS **7218 Meadowbrook Ave**  
CITY-ST-ZIP **Baton Rouge, LA 70810**

TITLE **T** ☒ Change ☐ Addition  
NAME **Michele Gerack Groves**  
STREET ADDRESS **6913 Cabral Street**  
CITY-ST-ZIP **Pensacola, FL 32503**

TITLE **DM** ☐ Change ☒ Addition  
NAME **Tracy Koch**  
STREET ADDRESS **16219 Castlereia Blvd.**  
CITY-ST-ZIP **Ellisville, MO 63021**

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:

*Jennifer M. Craftord*  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

**Jennifer M. Craftord 4-19-03 225-241-4257**

Date

Daytime Phone #

CR2E037 (10/02)