

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90296 030 \*\*\*\*61.25

**DOCUMENT # N96000002868**

1. Corporation Name

**DELTA KAPPA OMEGA HOUSING FOUNDATION AND SERVICE  
CENTER, INC.**

Principal Place of Business

**3030 FEENEY CT  
TALLAHASSEE FL 32308**

Mailing Address

**3030 FEENEY CT  
TALLAHASSEE FL 32308**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

3. Date Incorporated or Qualified

**05/23/1996**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**HOGG, ROSE L  
3030 FEENEY CT  
TALLAHASSEE FL 32308**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL**

**85** Zip Code

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE  
NAME **DP**  
STREET ADDRESS **HOGG, ROSE**  
CITY-ST-ZIP **3030 FEENEY CT.  
TALLAHASSEE FL 32308**

TITLE ☒ DELETE  
NAME **DT**  
STREET ADDRESS **BLAKE, FONDA D**  
CITY-ST-ZIP **3006 TALLAVANA TRAIL  
HAVANA FL 32333**

TITLE ☒ DELETE  
NAME **RFTD**  
STREET ADDRESS **HAGINS, LILLIAN**  
CITY-ST-ZIP **311 MERCURY DRIVE  
TALLAHASSEE FL 32310**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **DT**  
2.3 STREET ADDRESS **Harper, Vera**  
2.4 CITY-ST-ZIP **2364 Wintergreen Rd  
Tallahassee, FL 32308**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **RFTD**  
3.3 STREET ADDRESS **Williams, Michelle**  
3.4 CITY-ST-ZIP **1487 Grey Fox Run  
Tallahassee, FL 32311**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

*(Signature of Katherine Harris)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**9/2/99 850-599-8358**

CR2E037 (11/98)