

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90059 041 ****61.25

DOCUMENT # N96000002868

1. Entity Name

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



Principal Place of Business

**2364 WINTERGREEN RD
TALLAHASSEE FL 32308**

Mailing Address

**2364 WINTERGREEN RD
TALLAHASSEE FL 32308**

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

31-1470888

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

**HARPER, VERA J
2364 WINTERGREEN RD
TALLAHASSEE FL 32308**

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. 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
Due By May 1, 2004**

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 | DT | <input checked="" type="checkbox"/> Delete |
| NAME | HARPER, VERA | |
| STREET ADDRESS | 2364 WINTERGREEN RD | |
| CITY-ST-ZIP | TALLAHASSEE FL 32308 | |
| TITLE | FSD | <input checked="" type="checkbox"/> Delete |
| NAME | KAIGLER, MICHELLE | |
| STREET ADDRESS | 1487 GREY FOX RUN | |
| CITY-ST-ZIP | TALLAHASSEE FL 32311 | |
| TITLE | DP | <input checked="" type="checkbox"/> Delete |
| NAME | BROWNE, LEROSA V | |
| STREET ADDRESS | 409 CONYERS ST | |
| CITY-ST-ZIP | HAVANA FL 32333 | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete |
| NAME | ROSS, MARTHA | |
| STREET ADDRESS | PO BOX 12562 | |
| CITY-ST-ZIP | TALLAHASSEE FL 32317 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | MURRAY, BERTHA | |
| STREET ADDRESS | 4472 COOL EMERALD DR | |
| CITY-ST-ZIP | TALLAHASSEE FL 32303 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|--|
| TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VeracJ. Harper | |
| STREET ADDRESS | 2364 Wintergreen Road Tallahassee, FL32308 | |
| CITY-ST-ZIP | | |
| TITLE | DVP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Apryl G. Lynn | |
| STREET ADDRESS | 1909 Devra Drive | |
| CITY-ST-ZIP | Tallahassee, FL 32303 | |
| TITLE | DT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALBERTA-G. GRANGER | |
| STREET ADDRESS | 2001 Wildridge Drive | |
| CITY-ST-ZIP | Tallahassee, FL 32303 | |
| TITLE | DFS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Jamina Scippio-McFadden | |
| STREET ADDRESS | 9141 Seafair Lane | |
| CITY-ST-ZIP | Tallahassee, FL 32308 | |
| TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LaNedra Carroll | |
| STREET ADDRESS | 3204 Hastie Road | |
| CITY-ST-ZIP | Tallahassee, FL 32305 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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

VERA J. HARPER

Date

2/18/04

Daytime Phone #

850-597-8358