

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90041 023 ****61.25

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02022005 Chg-NP CR2E037 (10/03)

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 P.O. Box 6278 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 6278 Suite, Apt. #, etc.			
City & State Tallahassee, FL Zip 32314-6278 Country US		City & State Tallahassee, FL Zip 32314-6278 Country US		4. FEI Number 31-1470888 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent HARPER, VERA J 2364 WINTERGREEN RD TALLAHASSEE, FL 32308	
7. Name and Address of New Registered Agent Name: <u>Alberta Granger</u> Street Address (P.O. Box Number Is Not Acceptable): <u>2001 Wildridge Drive</u> City: <u>Tallahassee</u> FL Zip Code: <u>32303</u>				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: <u>Alberta Granger, Treasurer</u> DATE: <u>2/3/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retracting)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <input type="checkbox"/> Delete HARPER, VERA 2364 WINTERGREEN RD TALLAHASSEE, FL 32308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input checked="" type="checkbox"/> Delete LYNN, APRYL G 1909 DEVRA DRIVE TALLAHASSEE, FL 32303		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Thomas, Patty Ball 5283 Quail Valley Rd. Tallahassee, FL 32309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input type="checkbox"/> Delete GRANGER, ALBERTA 2001 WILDRIDGE DRIVE TALLAHASSEE, FL 32303		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DFS <input type="checkbox"/> Delete SCIPPIO-MCFADDEN, JAMINA 9141 SEAFAIR LANE TALLAHASSEE, FL 32308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete CARROLL, LANEDRA 3204 HASTIE ROAD TALLAHASSEE, FL 32305		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Davis, Kimberly J. 2136 E Park Avenue Tallahassee, FL 32301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Alberta Granger</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>2/3/05</u> (850) 487-0674		