



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2006 8:00 am
Secretary of State

07-27-2006 90018 011 ****70.00

DOCUMENT # N96000002868 1. Entity Name DELTA KAPPA OMEGA HOUSING FOUNDATION AND SERVICE CENTER, INC.					
Principal Place of Business PO BOX 6278 TALLAHASSEE, FL 32314-6278			Mailing Address PO BOX 6278 TALLAHASSEE, FL 32314-6278		
2. Principal Place of Business		3. Mailing Address		 07202006 Chg-NP CR2E037 (4/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GRANGER, ALBERTA 2001 WILDRIDGE DRIVE TALLAHASSEE, FL 32303				Name <u>Helosa V. Brown</u>	
				Street Address (P.O. Box Number is Not Acceptable)	
				<u>409 Conyers Street</u>	
				City <u>Havana</u> FL Zip Code <u>32333</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>Helosa V. Brown</u> <u>July 20, 2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		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	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARPER, VERA		NAME		
STREET ADDRESS	2364 WINTERGREEN RD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, PATTY BALL		NAME		
STREET ADDRESS	5283 QUAIL VALLEY RD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP		
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GRANGER, ALBERTA		NAME	<u>DT Brown, Helosa</u> <u>409 Conyers Street</u> <u>Havana, FL 32333</u>	
STREET ADDRESS	2001 WILDRIDGE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP		
TITLE	DFS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCIPPIO-MCFADDEN, JAMINA		NAME		
STREET ADDRESS	9141 SEAFAIR LANE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, KIMBERLY J		NAME		
STREET ADDRESS	3136 E. PARK AVENUE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Helosa V. Brown</u> <u>July 20, 2006</u> <u>850.891.8414</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					