


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90193 002 ****61.25

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 31-1470888	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, LEROSA V 409 CONYERS ST HAVANA, FL 32333			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due By May 1, 2007		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 HARPER, VERA <input type="checkbox"/> Delete 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 THOMAS, PATTY BALL <input checked="" type="checkbox"/> Delete 5283 QUAIL VALLEY RD TALLAHASSEE, FL 32309		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV Scippio-McFadden, Jamina <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9141 Seafair Lane Tallahassee, FL 32308	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT BROWN, LEROSA <input type="checkbox"/> Delete 409 CONYERS ST HAVANA, FL 32333		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DFS SCIPPIO-MCFADDEN, JAMINA <input checked="" type="checkbox"/> Delete 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 DAVIS, KIMBERLY J <input type="checkbox"/> Delete 3136 E. PARK AVENUE TALLAHASSEE, FL 32301		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DFS Downing, Delores <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 824 Greenleaf Drive Tallahassee, FL 32305	
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 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: <i>Lerosa V. Brown</i>			11/12/07 <i>850.891.8414</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		