

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90051 030 \*\*\*\*61.25

<b>DOCUMENT # N96000002868</b>					
<b>1. Entity Name</b> DELTA KAPPA OMEGA HOUSING FOUNDATION AND SERVICE CENTER, INC.					
<b>Principal Place of Business</b> PO BOX 6278 TALLAHASSEE, FL 32314-6278			<b>Mailing Address</b> PO BOX 6278 TALLAHASSEE, FL 32314-6278		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 31-1470888	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BROWN, LEROSA V 409 CONYERS ST HAVANA, FL 32333			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DP HARPER, VERA 2364 WINTERGREEN RD TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DV SCIPPPIO-MCFADDEN, JAMINA 5283 QUAIL VALLEY RD TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DT BROWN, LEROSA 409 CONYERS ST HAVANA, FL 32333	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DFS DOWING, DELORES 824 GREENLEAF DRIVE TALLAHASSEE, FL 32305	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	S DAVIS, KIMBERLY J 3136 E. PARK AVENUE TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DP Scippio-McFadden, Jamina 9141 Seafair Lane Tallahassee, FL 32317	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DV Darice Richard 2109 Evergreen Drive Tallahassee, FL 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> <i>Lerosa V. Brown</i> <span style="float: right;">3/21/08 850.891.8414</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					