

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002868

FILED
May 23, 2009
Secretary of State

Entity Name: DELTA KAPPA OMEGA HOUSING FOUNDATION AND SERVICE CENTER, INC.

Current Principal Place of Business:

PO BOX 6278
TALLAHASSEE, FL 323146278

New Principal Place of Business:

409 CONYERS STREET
HAVANA, FL 32333

Current Mailing Address:

PO BOX 6278
TALLAHASSEE, FL 323146278

New Mailing Address:

FEI Number: 31-1470888 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BROWN, LEROSA V
409 CONYERS ST
HAVANA, FL 32333 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SCIPPPIO-MCFADDEN, JAMINA
Address: 9141 SOAFAIR LANE
City-St-Zip: TALLAHASSEE, FL 32317

Title: DV () Delete
Name: DARICE, RICHARD
Address: 2109 EVERGREEN DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: DT () Delete
Name: BROWN, LEROSA
Address: 409 CONYERS ST
City-St-Zip: HAVANA, FL 32333

Title: DFS () Delete
Name: DOWING, DELORES
Address: 824 GREENLEAF DRIVE
City-St-Zip: TALLAHASSEE, FL 32305

Title: S () Delete
Name: DAVIS, KIMBERLY J
Address: 3136 E. PARK AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SCIPPPIO-MCFADDEN, JAMINA
Address: 88 SWEET BAY ROAD
City-St-Zip: KATHLEEN, GA 31047

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

Title: DFS (X) Change () Addition
Name: SPRADLEY-BROWN, GLORIA
Address: 1004 TANNER DRIVE
City-St-Zip: TALLAHASSEE, FL 32310

Title: () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEROSA V .BROWN

MS.

05/23/2009

Electronic Signature of Signing Officer or Director

Date