

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002868

FILED
Feb 02, 2012
Secretary of State

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

Current Principal Place of Business:

2109 EVERGREEN DRIVE
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

PO BOX 6117
TALLAHASSEE, FL 323146278

New Mailing Address:

FEI Number: 31-1470888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAOSEBKIAN-BUGGS, MOROLAKE
680 WEST BREVARD STREET
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

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
Name: RICHARD, DARICE
Address: 2109 EVERGREEN DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: DV
Name: KIMBERLY, DAVIS
Address: 2136 E. PARK AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

Title: DT
Name: VERA, HARPER
Address: 2364 WINTERGREEN ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: DFS
Name: LAOSEBIKAN-BUGGS, MOROLAKE
Address: 680 WEST BREVARD STREET
City-St-Zip: TALLAHASSEE, FL 32304

Title: S
Name: CARR, NUTOSHIA J
Address: 8131 BLOYS COURT
City-St-Zip: TALLAHASSEE, FL 32312

I hereby 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 all other like empowered.

SIGNATURE: MOROLAKE O. LAOSEBIKAN-BUGGS

DFS

02/02/2012

Electronic Signature of Signing Officer or Director

Date