

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2000 8:00 am
Secretary of State

06-23-2000 90102 006 ****61.25

DOCUMENT # N99000001759

1. Entity Name

Okaloosa County Chapter of Delta Sigma Theta
Sorority Education and Public Service Foundation,
Inc.

Principal Place of Business

109 McGriff St.
Ft. Walton Beach, FL
32549

Mailing Address

P. O. Box 2612
Ft. Walton Beach, FL
32549

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3549054

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional --
Fee Required

6. Name and Address of Current Registered Agent

Valerie J. McLaughlin
512 Candlewood Lane
Crestview, FL 32539-3222

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.

SIGNATURE

Valerie J. McLaughlin

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

6-16-00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	Chairman	<input type="checkbox"/> Delete
NAME	Tonsiaweda Hayes	
STREET ADDRESS	800 Sanford Hayes	
CITY-ST-ZIP	Crestview, FL 32536	
TITLE	Co-Chairman	<input type="checkbox"/> Delete
NAME	Arbrodo Martin	
STREET ADDRESS	910 Rue De Palms	
CITY-ST-ZIP	Niceville, FL 32578	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Paulette Rich	
STREET ADDRESS	50642 Persimmon Hollow Road	
CITY-ST-ZIP	Milton, FL 32583	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Clara Oates	
STREET ADDRESS	49 Old Cypress Circle	
CITY-ST-ZIP	Ft. Walton Beach, FL 32548	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/16/00 (850) 682-4186

CR2E037 (9/99)