

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N99000001759**

1. Entity Name  
OKALOOSA COUNTY CHAPTER OF DELTA SIGMA  
THETA SORORITY EDUCATION AND PUBLIC SERVICE  
FOUNDATION, I



Principal Place of Business  
109 MCGRIFF STREET  
FT WALTON BEACH, FL 32549

Mailing Address  
P O BOX 2612  
FT WALTON BEACH, FL 32549

**FILED**

05 MAR 14 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

03142005 REIN-NP CR2E099 (6/04)

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  
COMBS, KARYN M  
19 JAPONICA LANE  
SHALIMAR, FL 32579

7. Name and Address of New Registered Agent  
Name  
Hayes, Tonsiaweda V. Hayes  
Street Address (P.O. Box Number is Not Acceptable)  
800 Sanford Place  
City  
Crestview FL Zip Code  
32536

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 *Tonsiaweda V. Hayes* DATE *3/14/05*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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	D HAYES, TONSIAWEDA 800 SANFORD PLACE CRESTVIEW, FL 32536 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800048982868 03/23/05--01014--003 **122.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, ARBRODO 910 RUE DE PALMS NICEVILLE, FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALLEN, CARDINE J 649 MCAELLAND ST. CRESTVIEW, FL 32536 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Allen, Caroline J. 649 McClelland St. Crestview, FL 32536 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OATES, CLARA 49 OLDE CYPRESS CIR FT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Corlew, Ann 208 Yacht Club Drive Niceville, FL 32578 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 another like empowered.

SIGNATURE: *Tonsiaweda V. Hayes* DATE: *3/14/05* DAYTIME PHONE: *(850) 683-3900*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR