


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 13, 2006 8:00 am**  
**Secretary of State**

06-13-2006 90001 031 \*\*\*\*61.25

<b>DOCUMENT # N99000001759</b>					
<b>1. Entity Name</b> OKALOOSA COUNTY CHAPTER OF DELTA SIGMA THETA SORORITY EDUCATION AND PUBLIC SERVICE FOUNDATION, I					
<b>Principal Place of Business</b> 100 MCGRIFF STREET FT WALTON BEACH, FL 32549			<b>Mailing Address</b> P O BOX 2612 FT WALTON BEACH, FL 32549		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	05202006    Chg-NP    CR2E037 (4/06)	
<b>4. FEI Number</b> 59-3549054				Applied For <input type="checkbox"/> Not Applicable	
<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>			<b>7. Name and Address of New Registered Agent</b>		
HAYES, TONSI AWEDA Y 800 SANFORD PLACE CRESTVIEW, FL 32536			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL    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: <i>Tonsiaweda Y. Hayes</i> <i>Tonsiaweda Y. Hayes</i> 6-6-06 <small>Signature, typed or printed name of registered agent and title (applicable).    (NOTE: Registered Agent signature required when reinstating)    DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> HAYES, TONSI AWEDA <b>STREET ADDRESS</b> 800 SANFORD PLACE <b>CITY-ST-ZIP</b> CRESTVIEW, FL 32536	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> MARTIN, ARBRODO <b>STREET ADDRESS</b> 910 RUE DE PALMS <b>CITY-ST-ZIP</b> NICEVILLE, FL 32578	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> ALLEN, CARDINE J <b>STREET ADDRESS</b> 649 MCCLELLAND ST. <b>CITY-ST-ZIP</b> CRESTVIEW, FL 32536	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> SD <b>NAME</b> Stevens, Eloise <b>STREET ADDRESS</b> 101 Bermuda Way <b>CITY-ST-ZIP</b> Niceville, FL 32578	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> OATES, CLARA <b>STREET ADDRESS</b> 49 OLDE CYPRESS CIR <b>CITY-ST-ZIP</b> FT WALTON BEACH, FL 32548	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> CORLEW, ANN <b>STREET ADDRESS</b> 208 YACHT CLUB DRIVE <b>CITY-ST-ZIP</b> NICEVILLE, FL 32578	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<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 persons empowered.</b>					
<b>SIGNATURE:</b> <i>Tonsiaweda Y. Hayes</i> Tonsiaweda Y. Hayes			6-6-06 (850) 683-3900 Date    Daytime Phone #		