

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90602 035 ****61.25

DOCUMENT # N99000001759

1. Entity Name

OKALOOSA COUNTY CHAPTER OF DELTA SIGMA THETA SORORITY EDUCATION AND PUBLIC SERVICE FOUNDATION, I



Principal Place of Business

**109 MCGRUFF STREET
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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCLAUGHLIN, VALERIE

**512 CANDLEWOOD LANE
CRESTVIEW FL 32539-3222**

Name **Combs, Karyn M.**

Street Address (P.O. Box Number is Not Acceptable)

19 Japonica Lane

City **Shalimar**

FL

Zip Code **32579**

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 **Dr. Karyn M. Combs**

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

4-14-03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **HAYES, TONSI AWEDA**
STREET ADDRESS **800 SANFORD PLACE**
CITY-ST-ZIP **CRESTVIEW FL 32536**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MARTIN, ARBRODO**
STREET ADDRESS **910 RUE DE PALMS**
CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **RICH, PAULETTE**
STREET ADDRESS **50642 PERSIMMON HOLLOW ROAD**
CITY-ST-ZIP **MILTON FL 32583**

TITLE **SD** ☒ Change ☐ Addition
NAME **Allen, Cardine J.**
STREET ADDRESS **649 McDelland St.**
CITY-ST-ZIP **Crestview, Florida 32536**

TITLE **TD** ☐ Delete
NAME **OATES, CLARA**
STREET ADDRESS **49 OLDE CYPRESS CIR**
CITY-ST-ZIP **FT WALTON BEACH FL 32548**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(l), 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: **TONSI AWEDA HAYES** **4-14-03** **(850) 683-3900**

CR2E037 (10/02)