


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F98000005838					
1. Corporation Name SIGMA KAPPA NATIONAL HOUSING CORPORAITON					
Principal Place of Business 8733 FOUNDERS ROAD INDIANAPOLIS IN 46268			Mailing Address 8733 FOUNDERS ROAD INDIANAPOLIS IN 46268		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/19/1998	
4. FEI Number 35-1913455		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees		10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent COOPER, JANE 9230 EVERWOOD STREET ORLANDO FL 32825				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS FENTERS, BARBARA	1.2 NAME	
STREET ADDRESS	1411 EAST DANA PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FULLERTON CA 92831	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEMPRAU, KELLY SHIPPS	2.2 NAME	
STREET ADDRESS	340 COUNTRY LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GLENVIEW IL 60025	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWEIKHARDT, JUDIE MCKAY	3.2 NAME	
STREET ADDRESS	4227 NE 94TH	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA 98115	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, SHEILA	4.2 NAME	
STREET ADDRESS	P.O. BOX 1397	4.3 STREET ADDRESS	
CITY-ST-ZIP	ASHEBORO NC 27204	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER JESKEY, LYNN	5.2 NAME	
STREET ADDRESS	1523 BANBURY AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST CHARLES IL 60174	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLAVE JONES, SHERYL	6.2 NAME	Wallace Jones, Sheryl
STREET ADDRESS	1149 EAST GREENWOOD	6.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGFIELD MO 65807	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara Williams Fenters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/99

Date

317-872-3275

Daytime Phone #

CR2E037 (1/98)