

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **768755** (1)

1. Corporation Name

**TAU KAPPA EPSILON FRATERNITY, INC., OF FLORIDA S
TATE UNIVERSITY**

Principal Place of Business

Mailing Address

P.O. BOX 232
MONTICELLO FL 32344

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MONTICELLO FL 32344



3. Date Incorporated or Qualified
06/03/1983

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
916 W. College Street

26 **204 S. Monroe St.**
27 Suite, Apt. #, etc.
Suite 200

23 City & State
Tallahassee, FL

28 City & State
Tallahassee, FL

24 Zip
32304

25 Country
USA

29 Zip
32301

30 Country
USA

4. FEI Number
59-2346387

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**METZGER, KENNETH J., ESQUIRE
380 S. JEFFERSON STREET
MONTICELLO FL 32344**

81 Name
SAME METZGER, KENNETH J., ESQUIRE
82 Street Address (P.O. Box Number is Not Acceptable)
204 South Monroe Street
83 Suite 200
84 City
Tallahassee
85 Zip Code
FL 32301

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]

(NOTE: Registered Agent Signature required when reinstating)

4/15/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **KELLAM, ROBERT E.**
STREET ADDRESS **1337 LAWDALE ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE
NAME **MOUDRY, CHARLES**
STREET ADDRESS **2433 LANRELL DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **BEAUDRY, DAVID .**
STREET ADDRESS **221 W 4TH AVE**
CITY-ST-ZIP **TALLAHASSEE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **BEAUDRY, PATRICK**
STREET ADDRESS **2433 LANRELL RD.**
CITY-ST-ZIP **TALLAHASSEE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **SEWELL, JAMES D.**
STREET ADDRESS **220-7 BELMONT**
CITY-ST-ZIP **TALLAHASSEE FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **METZGER, KENNETH J.**
STREET ADDRESS **305 S. JEFFERSON STREET**
CITY-ST-ZIP **MONTICELLO FL**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS **204 S. MONROE STREET, SUITE 200**
6.4 CITY-ST-ZIP **TALLAHASSEE, FL**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)