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NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 MAY -1 AM 6:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **768755** (1)

1. Corporation Name

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

Principal Place of Business

Mailing Address

**916 W. COLLEGE STREET
TALLAHASSEE FL 32304
US**

**204 SOUTH MONROE STREET
SUITE 200
TALLAHASSEE FL 32301-1800
US**

3. Date Incorporated or Qualified
06/03/1983

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**METZGER, KENNETH J., ESQUIRE
204 SOUTH MONROE STREET
SUITE 200
TALLAHASSEE FL 32301**

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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

TITLE **D** ☐ DELETE

1.1 TITLE **Vice President VP** ☐ Change ☒ Addition

NAME **KELLAM, ROBERT E.**

1.2 NAME **Charles Stubbs**

STREET ADDRESS **1337 LAWDALE ROAD**

1.3 STREET ADDRESS **2717 Bedford Way**

CITY-ST-ZIP **TALLAHASSEE FL 32311**

1.4 CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **P-D** ☒ DELETE **Do not Delete**

2.1 TITLE **P** ☐ Change ☒ Addition

NAME **MOUDRY, CHARLES**

2.2 NAME **Terrence L. Clark President**

STREET ADDRESS **2433 LANRELL DRIVE**

2.3 STREET ADDRESS **2750 Old. St. Augustine Rd. F-58**

CITY-ST-ZIP **TALLAHASSEE FL 32303**

2.4 CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE **-D** ☒ DELETE

3.1 TITLE **T** ☐ Change ☒ Addition

NAME **BEAUDRY, DAVID .**

3.2 NAME **William Stander**

STREET ADDRESS **221 W 4TH AVE**

3.3 STREET ADDRESS **302 E. Sinclair Rd**

CITY-ST-ZIP **TALLAHASSEE FL**

3.4 CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE **D** ☐ DELETE

4.1 TITLE **S** ☐ Change ☒ Addition

NAME **BEAUDRY, PATRICK**

4.2 NAME **William Howard II**

STREET ADDRESS **2433 LANRELL RD.**

4.3 STREET ADDRESS **2854 Lanrell Dr. W.**

CITY-ST-ZIP **TALLAHASSEE FL**

4.4 CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE **D** ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **SEWELL, JAMES D.**

5.2 NAME

STREET ADDRESS **220-7 BELMONT**

5.3 STREET ADDRESS

CITY-ST-ZIP **TALLAHASSEE FL**

5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE

6.1 TITLE

NAME **METZGER, KENNETH J.**

6.2 NAME

STREET ADDRESS **204 S. MONROE STREET #200**

6.3 STREET ADDRESS

CITY-ST-ZIP **TALLAHASSEE FL**

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: **Kellam, Robert E.** Kellam, Director 4-30-97 487-1472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 487-1472

CR2E037 (9/96)