

FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **768755** (1)

1. Corporation Name

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



Principal Place of Business 916 W. COLLEGE STREET TALLAHASSEE FL 32304 US	Mailing Address 204 SOUTH MONRIE STREET SUITE 200 TALLAHASSEE FL 32301 US
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3. Date Incorporated or Qualified 06/03/1983
4. FEI Number 59-2346387
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent METZGER, KENNETH J., ESQUIRE 204 SOUTH MONROE STREET SUITE 200 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D KELLAM, ROBERT E.	1.2 NAME	William Howard
STREET ADDRESS	1337 LAWDALE ROAD	1.3 STREET ADDRESS	2854 LARIS Dr.
CITY-ST-ZIP	TALLAHASSEE FL 32311	1.4 CITY-ST-ZIP	Tallahassee, FL 32303
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D MOUDRY, CHARLES	2.2 NAME	Treasurer William A. Stander
STREET ADDRESS	2433 LANRELL DRIVE	2.3 STREET ADDRESS	302 E. Sinclair
CITY-ST-ZIP	TALLAHASSEE FL 32303	2.4 CITY-ST-ZIP	Tallahassee, FL 32312
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP STUBBS, CHARLES	3.2 NAME	
STREET ADDRESS	2717 BEDFORD WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BEAUDRY, PATRICK	4.2 NAME	
STREET ADDRESS	2433 LANRELL RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SEWELL, JAMES D.	5.2 NAME	900002513019
STREET ADDRESS	220-7 BELMONT	5.3 STREET ADDRESS	-05/06/98--01038--024
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	***70.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P CLARK, TERRENCE L	6.2 NAME	President Clark Terrence L
STREET ADDRESS	2750 OLD ST AUGUSTINE RD., F-58	6.3 STREET ADDRESS	2016 Gardenbrook Ln
CITY-ST-ZIP	TALLAHASSEE FL 32301	6.4 CITY-ST-ZIP	Tallahassee, FL 32301

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.

SIGNATURE *[Signature]* **Robert E. Kellam 4-29-98 482-1452**

CP2E037 (10/97)