

**FILE NOW: FILING FEE IS \$61.25**

1 of 2

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N44524 (9)**

1. Corporation Name  
**KAPPA ALPHA HOUSING ASSOCIATION OF FLORIDA, INC.**



Principal Place of Business <b>P.O. BOX 44033                  JACKSONVILLE FL 32231</b>	Mailing Address <b>P.O. BOX 44033                  JACKSONVILLE FL 32231</b>
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3. Date Incorporated or Qualified <b>07/31/1991</b>	3a. Date of Last Report <b>04/05/1995</b>
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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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4. FEI Number <b>59-3078421</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SMITH, STEVEN R  
 1000 RIVERSIDE AVE  
 SUITE 800  
 JACKSONVILLE FL 32204**

10. Name and Address of New Registered Agent

81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City	85. Zip Code <b>FL</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD FROST, MARK M. 4030 HERSHEL STREET JACKSONVILLE FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	STD SMITH, STEVEN R. P.O. BOX 44033 N/A JACKSONVILLE FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D FRIEDMAN, H. DANIEL 10809 NW 31ST PLACE GAINESVILLE FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD GROOMS, RUSSELL E. JR. 155 BLANDING BLVD. ORANGE PARK FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D HOLMES, ROGERS B "TIGER" 6550 ROOSEVELT BLVD. JACKSONVILLE FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D TURKNETT, ROY L 6010 DUCLAY RD JACKSONVILLE FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: \_\_\_\_\_ DATE: **4/17/96** DAYTIME PHONE #: **904-354-5910**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)

CORPORATION ANNUAL REPORT 1996  
KAPPA ALPHA HOUSING ASSOCIATION OF FLORIDA, INC.

12. Continued

OFFICERS AND DIRECTORS

- 1.1 Title
- 1.2 Name
- 1.3 Address
- 1.4 City, State, Zip

- 1.1 Title
- 1.2 Name
- 1.3 Address
- 1.4 City, State, Zip

D  
Edward E. Witt  
P.O. Box 1799  
Jacksonville, FL 32201

- 1.1 Title
- 1.2 Name
- 1.3 Address
- 1.4 City, State, Zip

D  
Doug Swan  
2350 N. Ponce de Leon Blvd.  
St. Augustine, FL 32084