

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90006 037 \*\*\*\*70.00

**DOCUMENT # N93000005265**

1. Entity Name

**KAPPA ALPHA PSI FOUNDATION, INC.**

Principal Place of Business

Mailing Address

2185 NW 19TH ST  
 707 N.W. 22ND ROAD  
 FT LAUDERDALE FL 33311  
 US

P.O. BOX 21  
 5208 N.W. 67TH AVE.  
 FORT LAUDERDALE FL 33302-0021  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRAYNON, RONALD JR.**  
**5208 NW 67TH AVE**  
**LAUDERHILL FL 33319**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	BRAYNON, R. JR.	
STREET ADDRESS	5208 NW 67TH AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33319	
TITLE	D	<input type="checkbox"/> Delete
NAME	DALLAS, JAMES	
STREET ADDRESS	3870 NW 6TH CT	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	S	<input type="checkbox"/> Delete
NAME	SWORN, SAMUEL	
STREET ADDRESS	1508 NW 3RD WAY	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	P	<input type="checkbox"/> Delete
NAME	KOLO, JERRY	
STREET ADDRESS	220 S.E. 2ND AVE.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HUMPHRIES, THORNTON	
STREET ADDRESS	2071 N.W. 30TH TERRACE	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCRUGGS, FRANK	
STREET ADDRESS	4410 NW 12TH CT	
CITY-ST-ZIP	LAUDERHILL FL 33313	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARTHUR KENNEDY	
STREET ADDRESS	1631 N.W. 24 Terrace	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	Herman Pittman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2300 N.W. 30 WAY	
STREET ADDRESS	FT. LAUDERDALE, FL 33311	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Davis	
STREET ADDRESS	2855 N.W. 18 COURT	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES WASHINGTON	
STREET ADDRESS	1731 N.W. 99 AVE.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Crumpler	
STREET ADDRESS	3401 N.W. 6th Street	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other agents empowered.

SIGNATURE:

**RONALD W. BRAYNON, JR.**  
 RONALD W. BRAYNON JR.

2/1/2002 (954) 749-9835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)