

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN -2 11 8:19

**DOCUMENT # N94000005975 (7)**

1. Corporation Name

**DAYTONA BEACH ALUMNI CHAPTER KAPPA ALPHA PSI FRA  
TERNITY, INC.**

Principal Place of Business

Mailing Address

42 CHINA MOON DRIVE  
ORMOND BEACH FL 32174

42 CHINA MOON DRIVE  
ORMOND BEACH FL 32174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1994

3a. Date of Last Report

4. FEI Number  
59-3276771

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

24. Zip

25. Country

29. Zip

30. Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

\$68.75 Supplemental  
Fee Not Required

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

BRUTEN, RICHARD SR  
705 W MANSFIELD AVE  
DELAND FL 32720

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

*Richard Bruten, Sr.*

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

(NOTE: Registered Agent signature required when re-registering)

DATE

5/22/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	POLEMARCH, JOYOURS G
STREET ADDRESS	42 CHINA MOON DRIVE
CITY - ST - ZIP	ORMOND BEACH FL 32174
TITLE	D
NAME	JACKSON, LARRY G
STREET ADDRESS	18 NEEDLES LANE
CITY - ST - ZIP	ORMOND BEACH FL 32174
TITLE	D
NAME	BRUTEN, RICHARD SR
STREET ADDRESS	705 W MANSFIELD AVE
CITY - ST - ZIP	DELAND FL 32720
TITLE	D
NAME	ROBINSON, BILL
STREET ADDRESS	2199 AVOCADO DR
CITY - ST - ZIP	DAYTONA BEACH FL 32014
TITLE	D
NAME	THOMPSON, PAUL V
STREET ADDRESS	772 KANGAROO COURT
CITY - ST - ZIP	DAYTONA BEACH FL 32174
TITLE	D
NAME	SMITH, WRIGHT III
STREET ADDRESS	723 REVERE ST
CITY - ST - ZIP	DAYTONA BEACH FL 32114

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(d), 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 a attachment with an address.

SIGNATURE:

*Richard Bruten, Sr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD BRUTEN, SR.

5/22/95 (904) 738-2263

Date Daytime Phone #