


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90111 007 \*\*\*\*61.25

**DOCUMENT # N99000003311**

1. Entity Name  
**THE ORLANDO ALUNI CHAPTER OF KAPPA ALPHA PSI FRA  
TERNITY, INC.**



Principal Place of Business      Mailing Address  
**850 CHARLOTTE STREET      P.O. BOX 555088  
LONGWOOD FL 32750      ORLANDO FL 32588-5088**

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 **59-3611545**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional  
Fee Required**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**NELSON, ALBERT  
850 CHARLOTTE STREET  
LONGWOOD FL 32750**

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing  
Trust Fund Contribution.       **\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>STEPHENS, NATHANIEL JR</b>
STREET ADDRESS	<b>7815 WESTMINSTER ABBEY BLVD</b>
CITY-ST-ZIP	<b>ORLANDO FL 32835-5955</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ODOM, RALPH</b>
STREET ADDRESS	<b>3307 LAKE TINY CIRCLE</b>
CITY-ST-ZIP	<b>ORLANDO FL 32818</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>PARRISH, CURTIS</b>
STREET ADDRESS	<b>5828 NORTH ORANGE BLOSSOM TRAIL #204</b>
CITY-ST-ZIP	<b>ORLANDO FL 32810</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>NASH, ALBERT</b>
STREET ADDRESS	<b>850 CHARLOTTE STREET</b>
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 like empowered.

SIGNATURE: *Nathanial Stephens*      4-6-03 427-292-0257

CR2E037 (10/02)