

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

1 of 2

DOCUMENT # **N44524** (9)
1. Corporation Name
KAPPA ALPHA HOUSING ASSOCIATION OF FLORIDA, INC.



Principal Place of Business Mailing Address
P.O. BOX 44033 JACKSONVILLE FL 32231 **P.O. BOX 44033 JACKSONVILLE FL 32231**

3. Date Incorporated or Qualified **07/31/1991** 3a. Date of Last Report **04/05/1995**

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	4. FEI Number 59-3078421 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	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 **FL** 85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FROST, MARK M.	
STREET ADDRESS	4030 HERSCHEL STREET	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SMITH, STEVEN R.	
STREET ADDRESS	P.O. BOX 44033 N/A	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, H. DANIEL	
STREET ADDRESS	10809 NW 31ST PLACE	
CITY - ST - ZIP	GAINESVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GROOMS, RUSSELL E. JR.	
STREET ADDRESS	155 BLANDING BLVD.	
CITY - ST - ZIP	ORANGE PARK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLMES, ROGERS B "TIGER"	
STREET ADDRESS	6550 ROOSEVELT BLVD.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TURKNETT, ROY L	
STREET ADDRESS	6010 DUCLAY RD	
CITY - ST - ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

2 of 2

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