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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90043 007 ****61.25

DOCUMENT # N44524

1. Corporation Name

KAPPA ALPHA HOUSING ASSOCIATION OF FLORIDA, INC.

Principal Place of Business

P.O. BOX 44033
JACKSONVILLE FL 32231

Mailing Address

P.O. BOX 44033
JACKSONVILLE FL 32231



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/31/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3078421

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

NAME **FROST, MARK M**
STREET ADDRESS **4030 HERSCHEL STREET**
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **STD** ☐ DELETE

NAME **SMITH, STEVEN R**
STREET ADDRESS **P.O. BOX 44033 N/A**
CITY-ST-ZIP **JACKSONVILLE FL**

1.2 NAME ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **FRIEDMAN, H. DANIEL**
STREET ADDRESS **10809 NW 31ST PLACE**
CITY-ST-ZIP **GAINESVILLE FL**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE **PD** ☐ DELETE

NAME **GROOMS, RUSSELL E JR**
STREET ADDRESS **155 BLANDING BLVD.**
CITY-ST-ZIP **ORANGE PARK FL**

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **TURKNETT, ROY L**
STREET ADDRESS **6010 DUCRAY RD**
CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE **D** ☐ DELETE

NAME **SWAN, DOUG**
STREET ADDRESS **2350 N. PONCE DE LEON BLVD**
CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

2.2 NAME ☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99
Date

904-350-1017
Daytime Phone #

CR2E037 (11/98)

545 439-90043-7

N44524

CORPORATION ANNUAL REPORT 1999
KAPPA ALPHA HOUSING ASSOCIATION OF FLORIDA, INC.

12. (continued)

OFFICERS AND DIRECTORS

1.1 Title	D
1.2 Name	Edward E. Witt
1.3 Address	P.O. Box 1799
1.4 City, State, Zip	Jacksonville, Florida 32201