

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768755

Entity Name: TAU KAPPA EPSILON FRATERNITY, INC., OF FLORIDA STATE UNIVERSITY**FILED**
May 01, 2018
Secretary of State
CC2059239595**Current Principal Place of Business:**1939 HERITAGE GROVE CIRCLE
TALLAHASSEE, FL 32304**Current Mailing Address:**1637 METROPOLITAN BLVD SUITE
C-2
TALLAHASSEE, FL 32308 US**FEI Number: 59-2346387****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**METZGER, KENNETH JESQ
1637 METROPOLITAN BLVD SUITE
C-2
TALLAHASSEE, FL 32308 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	KELLAM, ROBERT E
Address	1586 YEARLING TRAIL
City-State-Zip:	TALLAHASSEE FL 32317

Title	SD
Name	WILLIAM HOWARD
Address	2854 LARIS DR
City-State-Zip:	TALLAHASSEE FL 32303

Title	D
Name	MC CLOW, MARK W
Address	8146 CAYUGA TRL W
City-State-Zip:	JACKSONVILLE FL 32244

Title	VD
Name	IACINO, CLIFFORD J
Address	1771 SW 30TH PL
City-State-Zip:	FT. LAUDERDALE FL 33315

Title	D
Name	UTTER, KENNETH J
Address	134 ISLAND CIR
City-State-Zip:	SARASOTA FL 34242

Title	D
Name	DAVIS, RICHARD C
Address	206 TWELVE LEAGUE CIR.
City-State-Zip:	CASSELBERRY FL 32707

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT E. KELLAM**PRESIDENT****05/01/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date