

2018 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N10000004097

Entity Name: KAPPA PHI EPSILON FRATERNITY INC.**Current Principal Place of Business:**1002 W UNIVERSITY AVE
GAINESVILLE, FL 32601**Current Mailing Address:**1002 W UNIVERSITY AVE
GAINESVILLE, FL 32601 US**FEI Number:** 27-3379615**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PAYNE, JONATHAN TYLER
4359 35TH ST N
ST. PETERSBURG, FL 33714 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:** JONATHAN TYLER PAYNE

10/09/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN, DIRECTOR
Name PAYNE, JONATHAN TYLER
Address 10205 4TH ST E
City-State-Zip: TREASURE ISLAND FL 33706

Title DIRECTOR
Name CHAUNCEY, DAVID
Address 1846 MARGARET ST
APT 9A
City-State-Zip: JACKSONVILLE FL 32204

Title VC, DIRECTOR
Name JOHNSON, TYLER
Address 991 MACGREGOR AVE
City-State-Zip: WORTHINGTON OH 43085

Title DIRECTOR
Name LEBO, GEORGE DR.
Address 1641 NW 12TH RD
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR
Name KEESLING, JAMES DR.
Address 710 NE 6TH ST
City-State-Zip: GAINESVILLE FL 32601

Title DIRECTOR
Name MEEKS, DAVIS
Address 1002 W UNIVERSITY AVE
City-State-Zip: GAINESVILLE FL 32601

Title SECRETARY, DIRECTOR
Name COKER, RICHARD
Address 5026 SW 94TH ST
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name FERGUSON, TIMOTHY
Address 13364 93RD AVE
City-State-Zip: SEMINOLE FL 33776-2428

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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: JONATHAN PAYNE

CHAIRMAN

10/09/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	HOOVER, JUSTIN
Address	1904 RUNNING RIVER ROAD
City-State-Zip:	JACKSONVILLE FL 32218