

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44524

Entity Name: KAPPA ALPHA HOUSING ASSOCIATION OF FLORIDA, INC.**Current Principal Place of Business:**763 FRATERNITY RD
GAINESVILLE, FL 32603**Current Mailing Address:**763 FRATERNITY RD
GAINESVILLE, FL 32603 US**FEI Number:** 59-3078421**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 NORTH CALHOUN STREET
SUITE 4
TALLAHASSEE, FL 32301 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	DIRECTOR, PRESIDENT
Name	BAILEY, LAMAR BLAIR
Address	3797 BOBBIN MILL ROAD
City-State-Zip:	TALLAHASSEE FL 32312

Title	DIRECTOR, TREASURER
Name	WHITE, JAMES R
Address	1224 SPRING BRANCH ROAD
City-State-Zip:	SAINT JOHNS FL 32259-5285

Title	DIRECTOR, SECRETARY
Name	FELLOWS, BRENT W
Address	115 LIBERTY HALL ROAD
City-State-Zip:	LEXINGTON VA 24450

Title	DIRECTOR
Name	GROOMS, RUSSELL
Address	5104 PEBBLE ISLE DRIVE
City-State-Zip:	JACKSONVILLE FL 32210

Title	DIRECTOR
Name	LILES, MALCOLM H.
Address	1600 WEST END AVE STE 1100
City-State-Zip:	NASHVILLE TN 32703

Title	DIRECTOR
Name	SCHMUCK, JAMES
Address	1438 WELLINGTON VIEW LN
City-State-Zip:	CHESTERFIELD MO 63005

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: BRENT W FELLOWS**SECRETARY****04/26/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date