

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44524

Entity Name: KAPPA ALPHA HOUSING ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

501 RIVERSIDE AVENUE
SUITE 800
JACKSONVILLE, FL 32202

Current Mailing Address:

501 RIVERSIDE AVENUE
SUITE 800
JACKSONVILLE, FL 32202

FEI Number: 59-3078421

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WHITE, JAMES ROBERT CPA
1224 SPRING BRANCH ROAD
SAINT JOHNS, FL 32259 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: JAMES R WHITE

05/02/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name COKER, DAVID
Address 1605 NW 26TH WAY
City-State-Zip: GAINESVILLE FL 32605

Title SD
Name FRIEDMAN, H. DANIEL
Address 8265 COLEE COVE BRANCH ROAD
City-State-Zip: SAINT AUGUSTINE FL 32092

Title VP
Name MANGUS, PRESTON
Address 1959 MOORINGS CIR
City-State-Zip: MIDDLEBURG FL 32068

Title D, TREASURER
Name WHITE, JAMES R
Address 501 RIVERSIDE AVENUE, SUITE 800
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name ROBERTS, JOHN
Address 115 NE 8TH AVE
City-State-Zip: OCALA FL 34470

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: JAMES R WHITE

TREASURER

05/02/2019

Electronic Signature of Signing Officer/Director Detail

Date