

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 706176**

1. Entity Name  
**ALPHA KAPPA PSI ALUMNI FOUNDATION OF  
TALLAHASSEE, FLORIDA, INC.**



Principal Place of Business  
**316 WEST COLLEGE AVENUE  
TALLAHASSEE, FL 32301**

Mailing Address  
**PO BOX 291  
TALLAHASSEE, FL 32302-0291**

**DO NOT WRITE IN THIS SPACE**



03192004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2521702</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**5. Name and Address of Current Registered Agent**

**DAYHOFF, DAN A.  
316 WEST COLLEGE AVENUE  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

6. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

000000094422  
03/22/04-80056-017 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAYHOFF, DAN A. 316 WEST COLLEGE AVENUE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHAVEZ, GERALD 316 WEST COLLEGE AVENUE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MADDEN, JOHN A. 316 WEST COLLEGE AVENUE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KOLESAR, WILLIAM 316 WEST COLLEGE AVENUE TALLAHASSEE FL., 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other life empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/19/04**

Date

**850.641.9465**

Daytime Phone #