

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05 AUG 23 11:44



08232005 No Chg-NP

CR2E037 (10/03)

05

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2521702

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE

8. 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 September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DAYHOFF, DAN A.
STREET ADDRESS 316 WEST COLLEGE AVENUE
CITY-ST-ZIP TALLAHASSEE, FL

TITLE SD
NAME CHAVEZ, GERALD
STREET ADDRESS 316 WEST COLLEGE AVENUE
CITY-ST-ZIP TALLAHASSEE, FL

TITLE TD
NAME MADDEN, JOHN A.
STREET ADDRESS 316 WEST COLLEGE AVENUE
CITY-ST-ZIP TALLAHASSEE, FL

TITLE VD
NAME KOLESAR, WILLIAM
STREET ADDRESS 316 WEST COLLEGE AVENUE
CITY-ST-ZIP TALLAHASSEE FL., 32301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800059140338
08/31/05--01002--008 **\$61.25

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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)(i), 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 like empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/21/05

Date

Daytime Phone #