

# 2008 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

FILED

08 APR -3 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500122051545

04/03/08--01008--017 \*\*\$1.25



02252008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
59-2521702

Applied For.  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

DO NOT WRITE  
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 May 1, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

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 <del>CHAVEZ, GERALD</del> WELTMAN, MICHAEL 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	

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/03/08