

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

19962-1496

B-1131 C
DIVISION OF CORPORATIONS

DOCUMENT # 713039

(6)

1. Corporation Name

THE TALLAHASSEE ALUMNI CHAPTER OF KAPPA ALPHA PS
I FRATERNITY INC.



Principal Place of Business

Mailing Address

6646 MAN-O-WAR TRAIL
TALLAHASSEE FL 32308

P.O. BOX 6895
TALLAHASSEE FL 32314

3. Date Incorporated or Qualified
07/06/1967

3a. Date of Last Report
04/06/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number
23-7279549

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAYSON, JOHN M
6646 MAN-O-WAR TRAIL
TALLAHASSEE FL 32308

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature must be printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE
NAME TOLLIVER, EDWARD G
STREET ADDRESS 1173 SEMINOLE DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE V ☐ DELETE
NAME SCOTT, EDWARD R II
STREET ADDRESS 2304 MONACO DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE S ☐ DELETE
NAME GRAYSON, JOHN M
STREET ADDRESS 6646 MAN-O-WAR TRAIL
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE T ☐ DELETE
NAME SMITH, REGINALD A
STREET ADDRESS 2064 DARNELL CIRCLE
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE D ☒ DELETE
NAME STITH, MELVIN T
STREET ADDRESS 2588 NOBLE DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D ☐ DELETE
NAME CUMMINGS, CORNELL
STREET ADDRESS 5005 TOURAIN DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32308

11 TITLE P ☒ Change ☐ Addition
12 NAME Scott, Edward R. II
13 STREET ADDRESS 2304 Monaco Drive
14 CITY-ST-ZIP Tallahassee, FL 32308

21 TITLE V ☐ Change ☒ Addition
22 NAME Dilworth, Jerome G.
23 STREET ADDRESS 919 KENOMALL DRIVE
24 CITY-ST-ZIP Tallahassee, FL 32301

31 TITLE D ☐ Change ☒ Addition
32 NAME Barrington, Alvin L.
33 STREET ADDRESS 5012 Shorter Road
34 CITY-ST-ZIP Tallahassee, FL 32303

41 TITLE D ☐ Change ☒ Addition
42 NAME Moore, Michael R.
43 STREET ADDRESS 2901 TYRON CIRCLE
44 CITY-ST-ZIP Tallahassee, FL 32308

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)