

FILE NOW: FILING FEE IS \$61.25

FILED
Aug 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 P.O. BOX 6895
TALLAHASSEE FL 32308 TALLAHASSEE FL 32314-6895**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/06/1967	3a. Date of Last Report 02/14/1996
21		26		4. FEI Number 23-7279549	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip
30	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 *John M. Grayson* (NOTE: Registered Agent signature required when reinstating) DATE **August 20, 1997**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, EDWARD R II	1.2 NAME	
STREET ADDRESS	2304 MONACO DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT, EDWARD R II	2.2 NAME	VICE President
STREET ADDRESS	2304 MONACO DRIVE	2.3 STREET ADDRESS	ERNEST J. LONG
CITY-ST-ZIP	TALLAHASSEE FL 32308	2.4 CITY-ST-ZIP	2076 White Ash Way
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAYSON, JOHN M	3.2 NAME	Tallahassee, FL 32308
STREET ADDRESS	6646 MAN-O-WAR TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, REGINALD A	4.2 NAME	TREASURER
STREET ADDRESS	2084 DARNELL CIRCLE	4.3 STREET ADDRESS	T. Demarco Hanksberry
CITY-ST-ZIP	TALLAHASSEE FL 32303	4.4 CITY-ST-ZIP	2308 Dillon Court
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRINTON, ALVIN L.	5.2 NAME	Tallahassee, FL 32312
STREET ADDRESS	5012 STONLER RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUMMINGS, CORNELL	6.2 NAME	DIRECTOR
STREET ADDRESS	5005 TOURNAINE DRIVE	6.3 STREET ADDRESS	Michael R. Moore
CITY-ST-ZIP	TALLAHASSEE FL 32308	6.4 CITY-ST-ZIP	2901 Tyron Circle

14. I do 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 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.

CR2E037 (9/96)