SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 08 1998 8:00am
Secretary of State

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
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
7. Is this nonprofit corporation a homeowners association? [ ] Yes [ ] No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 2076 White Ash Way	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tallahassee, FL	City & State 28
Zip 24 32308	Country 25 USA
Zip 29	Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: Lane, Ernest J
82 Street Address (P.O. Box Number is Not Acceptable): 2076 White Ash Way
83
84 City: Tallahassee **FL** 85 Zip Code: 32308

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: Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	X | DELETE
NAME	SCOTT, EDWARD R II	
STREET ADDRESS	2304 MONACO DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VP	X | DELETE
NAME	LANE, ERNEST J	
STREET ADDRESS	2076 WHITE ASH WAY	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	S	X | DELETE
NAME	GRAYSON, JOHN M	
STREET ADDRESS	6646 MAN-O-WAR TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	T	X | DELETE
NAME	HANSBERRY, T D	
STREET ADDRESS	2308 DILLON COURT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	X | DELETE
NAME	BARRINTON, ALVIN L.	
STREET ADDRESS	5012 STONLER RD	
CITY-ST-ZIP	TALLAHSSEE FL	
TITLE	D	X | DELETE
NAME	MOORE, MICHAEL R	
STREET ADDRESS	2901 TYRON CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	P	X | Change [ ] Addition
12 NAME	Lane, Ernest J	
13 STREET ADDRESS	2076 White Ash Way	
14 CITY-ST-ZIP	Tallahassee, FL 32308	
21 TITLE	VP	X | Change [ ] Addition
22 NAME	Barrington, Alvin L	
23 STREET ADDRESS	Post Office Box 38249	
24 CITY-ST-ZIP	Tallahassee, FL 32315	
31 TITLE	S	X | Change [ ] Addition
32 NAME	Ferguson, Cleveland III	
33 STREET ADDRESS	2959 Apalachee Parkway D-25	
34 CITY-ST-ZIP	Tallahassee, FL 32301	
41 TITLE	T	X | Change [ ] Addition
42 NAME	Grayson, John M	
43 STREET ADDRESS	6646 Man-O-War Trail	
44 CITY-ST-ZIP	Tallahassee, FL 32308	
51 TITLE	D	X | Change [ ] Addition
52 NAME	Cummings, Cornell	
53 STREET ADDRESS	1682 Jaydell Circle	
54 CITY-ST-ZIP	Tallahassee, FL 32308	
61 TITLE	D	X | Change [ ] Addition
62 NAME	Hollins, Hamilton Jr.	
63 STREET ADDRESS	2600 Pottslamer Street	
64 CITY-ST-ZIP	Tallahassee, FL 32310	

CR2E037 (5/98)

14. 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 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: Ernest J. Lane 8/28/98 850-449-8859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #