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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 713039**

1. Corporation Name

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

Principal Place of Business

2076 WHITE ASH WAY  
TALLAHASSEE FL 32308  
US

Mailing Address

P.O. BOX 6895  
TALLAHASSEE FL 32314



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

9. Name and Address of Current Registered Agent

LANE, ERNEST J.  
2076 WHITE ASH WAY  
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

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 617.1508, 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

*Ernest J. Lane*

(NOTE: Registered Agent signature required when reinstating)

DATE

2/23/99

12. OFFICERS AND DIRECTORS

TITLE P  
NAME LANE, ERNEST J.  
STREET ADDRESS 2076 WHITE ASH WAY  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE VP  
NAME BARRINGTON, ALVIN L.  
STREET ADDRESS P.O. BOX 38249 N/A  
CITY-ST-ZIP TALLAHASSEE FL 32315

TITLE S  
NAME FERGUSON, CLEVELAND III  
STREET ADDRESS 2959 APALACHEE PKWY., D-25  
CITY-ST-ZIP TALLAHASSEE FL 32301

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

TITLE D  
NAME CUMMINGS, CORNELL  
STREET ADDRESS 1682 JAYDELL CIRCLE  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D  
NAME HOLLINS, HAMILTON JR.  
STREET ADDRESS 2600 POTSDAMER STREET  
CITY-ST-ZIP TALLAHASSEE FL 32310

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*Ernest J. Lane*

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

2/23/99 850-414-8659

Date

Daytime Phone #

CR2E037 (11/98)