

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713039

FILED
Apr 29, 2005
Secretary of State

Entity Name: THE TALLAHASSEE ALUMNI CHAPTER OF KAPPA ALPHA PSI FRATERNITY INC.

Current Principal Place of Business:

2047 SUMMER LANE
TALLAHASSEE, FL 32310 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6895
TALLAHASSEE, FL 32314

New Mailing Address:

FEI Number: 23-7279549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWENS, TORAINO
2047 SUMMER LANE
TALLAHASSEE, FL 32314 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: GRAYSON, JOHN M
Address: 118-B SALEM COURT
City-St-Zip: TALLAHASSEE, FL 32301

Title: P () Delete
Name: BARRINGTON, ALVIN L.
Address: P.O. BOX 38249
City-St-Zip: TALLAHASSEE, FL 32315

Title: D () Delete
Name: CUMMINGS, CORNELL
Address: 1682 JAYDELL CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: S () Delete
Name: HAYNES, CHAUNCY
Address: 4122 WHITE PINE COURT
City-St-Zip: TALLAHASSEE, FL 32311

Title: T () Delete
Name: OWENS, TORAINO S
Address: P.O. BOX 20603
City-St-Zip: TALLAHASSEE, FL 32316

Title: D () Delete
Name: BAILEY, HERBERT
Address: 749 SILVERMAPLE DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GRAYSON, JOHN M
Address: 118-B SALEM COURT
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP (X) Change () Addition
Name: HAYNES, CHAUNCY E
Address: 6118 EASTFIELD TRAIL
City-St-Zip: TALLAHASSEE, FL 32317

Title: S (X) Change () Addition
Name: MATHIS, ALARIC
Address: PO BOX 6895
City-St-Zip: TALLAHASSEE, FL 32314

Title: T (X) Change () Addition
Name: COBB, SELVIN
Address: PO BOX 6895
City-St-Zip: TALLAHASSEE, FL 32317

Title: D (X) Change () Addition
Name: OWENS, TORAINO S
Address: P.O. BOX 20603
City-St-Zip: TALLAHASSEE, FL 32316

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M GRAYSON

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date