

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713039

FILED  
May 21, 2007  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

OWENS, TORAINO  
2047 SUMMER LANE  
TALLAHASSEE, FL 32314 US

**Name and Address of New Registered Agent:**

HAYNES, CHAUNCY E  
2047 SUMMER LANE  
TALLAHASSEE, FL 32314 US

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: CHAUNCY E. HAYNES

05/21/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

Title: D ( ) 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: HAYNES, CHAUNCY E  
Address: 6118 EASTFIELD TRAIL  
City-St-Zip: TALLAHASSEE, FL 32317

Title: VP (X) Change ( ) Addition  
Name: KIRKSEY, OTIS W  
Address: 89 SAND PINE TRAIL  
City-St-Zip: CRAWFORDVILLE, FL 32327

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

Title: T (X) Change ( ) Addition  
Name: FARMER, KELVIN D  
Address: PO BOX 6895  
City-St-Zip: TALLAHASSEE, FL 32314

Title: D (X) Change ( ) Addition  
Name: MOORE, MICHAEL R  
Address: 2901 TYRON CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D (X) Change ( ) Addition  
Name: LANE, ERNEST J  
Address: 1324 SOUTH ADAMS STREET  
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CHAUNCY E HAYNES

P

05/21/2007

Electronic Signature of Signing Officer or Director

Date