

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713039

FILED
Feb 18, 2009
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:

HAYNES, CHAUNCY E
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: P () Delete
Name: HAYNES, CHAUNCY E
Address: PO BOX 10835
City-St-Zip: TALLAHASSEE, FL 32302

Title: VP () Delete
Name: OWENS, TORAINO S
Address: PO BOX 20603
City-St-Zip: TALLAHASSEE, FL 32316

Title: S () Delete
Name: SMITH, MICHAEL J
Address: 2700 W. PENSACOLA STREET, 2511
City-St-Zip: TALLAHASSEE, FL 32304

Title: T () Delete
Name: FARMER, KELVIN D
Address: 6317 DUCK CALL COURT
City-St-Zip: TALLAHASSEE, FL 32309

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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

02/18/2009

Electronic Signature of Signing Officer or Director

Date