

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 713039

**FILED**  
**Apr 21, 2011**  
**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  
Name: MOORE, MICHAEL R  
Address: 2901 TYRON CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP  
Name: HARRIS, FREDDIE B III  
Address: PO BOX 6895  
City-St-Zip: TALLAHASSEE, FL 32314

Title: S  
Name: WEATHERSPOON, MARK H  
Address: POST OFFICE BOX 6895  
City-St-Zip: TALLAHASSEE, FL 32314

Title: T  
Name: SMILEY, KASHIF  
Address: POST OFFICE BOX 6895  
City-St-Zip: TALLAHASSEE, FL 32314

Title: D  
Name: LANE, ERNEST J  
Address: POST OFFICE BOX 6895  
City-St-Zip: TALLAHASSEE, FL 32314

Title: D  
Name: FARMER, KELVIN D  
Address: POST OFFICE BOX 6895  
City-St-Zip: TALLAHASSEE, FL 32314

I hereby 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 all other like empowered.

SIGNATURE: CHAUNCY E. HAYNES

RA

04/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date