2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2012
Secretary of State

DOCUMENT# 713039

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: OWENS, TORAINO S
Address: POST OFFICE BOX 20603
City-St-Zip: TALLAHASSEE, FL 32316

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

Title: S
Name: MCDANIELS, ESRONE III
Address: POST OFFICE BOX 6895
City-St-Zip: TALLAHASSEE, FL 32314

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

Title: D
Name: TAITE, KENNETH
Address: POST OFFICE BOX 6895
City-St-Zip: TALLAHSSEE, FL 32314

Title: D
Name: WILLIAMS, LAWTON
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 02/06/2012

Electronic Signature of Signing Officer or Director Date