

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 28, 2005 08:00 AM
Secretary of State**

DOCUMENT # 715218

1. Entity Name

**THE JACKSONVILLE ALUMNI CHAPTER OF THE KAPPA
ALPHA PSI FRATERNITY, INC.**



Principal Place of Business

**3717 WEST MONCRIEF ROAD
JAX, FL 32209**

Mailing Address

**3717 WEST MONCRIEF ROAD
JAX, FL 32209**



02222005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6152197

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BURRELL, JOHN F.
12311-2706 KENSINGTON LAKES DRIVE
JACKSONVILLE, FL 32246**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	TT
NAME	COWAN, WILLIE J
STREET ADDRESS	1845 THREE OAKS LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	TS
NAME	MCCULLOUGH, BRIAN
STREET ADDRESS	8857 CANOPY OAKS DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	TP
NAME	GAMBLE, DENNIS
STREET ADDRESS	4564 RIVER TRAIL ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32277
TITLE	TV
NAME	MOORE, ALLEN L SR
STREET ADDRESS	861 GRAYBAR DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32221
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000245409
02/28/05-810065-010 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #