2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# 715218

Entity Name: THE JACKSONVILLE ALUMNI CHAPTER OF THE KAPPA ALPHA PSI FRATERNITY, INC.

Current Principal Place of Business:

3717 MONCRIEF ROAD WEST
JACKSONVILLE, FL 32209 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 40625
JACKSONVILLE, FL 32203 US

New Mailing Address:

FEI Number: 59-6152197 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLLINS, JULIUS L
1382 BROOKWOOD FOREST BLVD.
110
JACKSONVILLE, FL 32225 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/D	( ) Delete
Name:	MOORE, ALLEN L SR	
Address:	8611 GRAYBAR DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32221	
Title:	VP/D	( ) Delete
Name:	FERGUSON, CLEVELAND III	
Address:	12267 HAWKSTOWE DRIVE	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	S/D	( ) Delete
Name:	COLLINS, JULIUS L	
Address:	1382 BROOKWOOD FOREST BLVD #110	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	T/D	( ) Delete
Name:	HINES, WILLIAM C II	
Address:	5811 ATLANTIC BLVD #243	
City-St-Zip:	JACKSONVILLE, FL 32207	
Title:	D	( ) Delete
Name:	CUNNINGHAM, THOMAS L	
Address:	144 PINEHURST POINT DRIVE	
City-St-Zip:	ST. AUGUSTINE, FL 32092	
Title:	D	( ) Delete
Name:	MCCAULEY, RONALD A	
Address:	3264 RACQUET COURT	
City-St-Zip:	JACKSONVILLE, FL 32277	

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: JULIUS L. COLLINS S/D 03/18/2009

Electronic Signature of Signing Officer or Director — Date