2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 715218 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

3717 MONCRIEF ROAD WEST JACKSONVILLE, FL 32209 US

Current Mailing Address: New Mailing Address:

PO BOX 40625

JACKSONVILLE, FL 32203 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COLLINS, JULIUS L 12301 KERNAN FOREST BLVD. 1404 JACKSONVILLE, FL 32225 US

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

 Name:
 GAMBLE, DENNIS

 Address:
 4564 RIVER TRAIL RD.

 City-St-Zip:
 JACKSONVILLE, FL 32277

Title: VP/D

Name: CHAPMAN, MARK III
Address: 7865 MONTEREY BAY DRIVE
City-St-Zip: JACKSONVILLE, FL 32256

Title: S/D

Name: COLLINS, JULIUS L

Address: 12301 KERNAN FOREST BLVD. #1404

City-St-Zip: JACKSONVILLE, FL 32225

Title: T/D

Name: FLOWERS, GREGORY D
Address: 12326 PLEASURE BAY COURT
City-St-Zip: JACKSONVILLE, FL 32225

Title:

Name: ARMSTRONG, SCOTT C
Address: 1495 BISCAYNE BAY DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

Title:

Name: KNIGHT, FRED

Address: 1729 N. CAPPERO DRIVE City-St-Zip: ST. AUGUSTINE, FL 32092

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: JULIUS L. COLLINS S/D 09/06/2012