

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **715218**

1. Entity Name

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



**FILED
May 05, 2003 8:00 am
Secretary of State**

05-05-2003 90110 039 ****61.25



CHECK HERE IF MAKING CHANGES

Principal Place of Business

**3717 WEST MONCRIEF ROAD
JAX FL 32209**

Mailing Address

**3717 WEST MONCRIEF ROAD
JAX FL 32209**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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)

4/29/03

DATE

EF

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10.

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

Change Addition

TITLE **TT** Delete
NAME **PRIESTLY, CASSIUS**
STREET ADDRESS **5876 COPPER CREEK DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **TS** Delete
NAME **MCCAULEY, RONALD A**
STREET ADDRESS **11535 DUNES WAY DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **TP** Delete
NAME **BIRRELL, JOHN F**
STREET ADDRESS **12311 KENSINGTON LAKES DRIVE # 2706**
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE **TV** Delete
NAME **GAMBLE, DENNIS**
STREET ADDRESS **4584 RIVER TRAIL ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

CR2E037 (10/02)

SIGNATURE: *John F. Burrell (John F. Burrell)* **4/29/03** **904-633-6501**