FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 21 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 723633 (4)

1. Corporation Name
KAPPA PSI PHARMACEUTICAL FRATERNITY, GAMMA SIGMA CHAPTER, INCORPORATED

Principal Place of Business	Mailing Address
U.F. COLLEGE OF PHARMACY P.O. BOX 495 GAINESVILLE FL 32602-0495	U.F. COLLEGE OF PHARMACY P.O. BOX 495 GAINESVILLE FL 32602-0495

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/09/1972
3a. Date of Last Report: 04/15/1994
4. FEI Number: 23-7379614 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 UF College of Pharmacy	26
Suite, Apt. #, etc. 22 P.O. Box 495	Suite, Apt. #, etc. 27
City & State 23 Gainesville, FL 32602-0495	City & State 28
Zip 24 32602-0495	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

BAUMGARTNER, T.
UNIVERSITY OF FL, BOX J-486
GAINESVILLE FL 32610

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE	TD	☑ Change ☐ Addition
NAME	LEWIS, JAMES	1.2 NAME	Sears, Joseph	
STREET ADDRESS	2337 SW ARCHER RD, #903	1.3 STREET ADDRESS	4303 NW 27 Dr	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	Gainesville, FL 32605	
TITLE	PD	2.1 TITLE	PD	☑ Change ☐ Addition
NAME	WILLIAMS, MICHAEL	2.2 NAME	Ratner, Bill	
STREET ADDRESS	5101 NE 22 AVE	2.3 STREET ADDRESS	10571 NW 83 Drive	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	Coral Springs, FL 33071	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	BAUMGARTNER, TOM	3.2 NAME		
STREET ADDRESS	1616 SW 77TH TERR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/17/95 904-375-0111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #