

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768755

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** TAU KAPPA EPSILON FRATERNITY, INC., OF FLORIDA STATE UNIVERSITY

**Current Principal Place of Business:**

1939 HERITAGE GROVE CIRCLE  
TALLAHASSEE, FL 32304 US

**New Principal Place of Business:**

**Current Mailing Address:**

1408 N PIEDMONT WAY  
TALLAHASSEE, FL 32308 US

**New Mailing Address:**

**FEI Number:** 59-2346387

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

METZGER, KENNETH J ESQ  
1408 N PIEDMONT WAY  
TALLAHASSEE, FL 32308 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: PD ( ) Delete  
Name: KELLAM, ROBERT E  
Address: 1521 BLOCKFORD CRT E.  
City-St-Zip: TALLAHASSEE, FL 32317

Title: VD ( ) Delete  
Name: IACINO, CLIFFORD J  
Address: 1771 SW 30TH PL  
City-St-Zip: FT. LAUDERDALE, FL 33315

Title: SD ( ) Delete  
Name: WILLIAM HOWARD  
Address: 2854 LARIS DR  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete  
Name: UTTER, KENNETH J  
Address: 134 ISLAND CIR  
City-St-Zip: SARASOTA, FL 34242

Title: D ( ) Delete  
Name: MCCLOW, MARK W  
Address: 8146 CAYUGA TRL W  
City-St-Zip: JACKSONVILLE, FL 32244

**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:

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: ROBERT E. KELLAM

PD

04/30/2009

Electronic Signature of Signing Officer or Director

Date