2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008
Secretary of State

DOCUMENT# 769067

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

Current Principal Place of Business:

7 FRATERNITY ROW
GAINESVILLE, FL 32603 US

New Principal Place of Business:

Current Mailing Address:

5160 WILD ROSE WAY
TALLAHASSEE, FL 32312 US

New Mailing Address:

FEI Number: 59-2336326 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATHEWS, COREY G
5160 WILD ROSE WAY
TALLAHASSEE, FL 32312 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:	PCD	( ) Delete
Name:	GOITIA, JASON J	
Address:	4307 LA VERA CT	
City-St-Zip:	TAMPA, FL 33611	
Title:	TD	( ) Delete
Name:	MATHEWS, COREY G	
Address:	5160 WILD ROSE WAY	
City-St-Zip:	TALLAHASSEE, FL 32312	
Title:	SD	( ) Delete
Name:	KERWIN, KENNETH	
Address:	4658 RINGWOOD MEADOW	
City-St-Zip:	SARASOTA, FL 34235	
Title:	D	( ) Delete
Name:	CASEY, C. FRANKLIN	
Address:	2926 JACKSON ST.	
City-St-Zip:	HOUSTON, TX 77004	
Title:	D	( ) Delete
Name:	MEDUS, ERIC P	
Address:	1418 LENTON ROSE COURT	
City-St-Zip:	TRINITY, FL 34655	
Title:	D	( ) Delete
Name:	RIEDERS, ROBERT	
Address:	7 FRATERNITY ROW	
City-St-Zip:	GAINESVILLE, FL 32603	

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: COREY G. MATHEWS TD 01/11/2008

Electronic Signature of Signing Officer or Director — Date