2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Dec 14, 2009 **DOCUMENT# 769067** Secretary of State

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

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

1904 WEST UNIVERSITY AVENUE 1002 WEST UNIVERSITY AVENUE GAINESVILLE, FL 32603 GAINESVILLE, FL 32603

Current Mailing Address: New Mailing Address:

5160 WILD ROSE WAY 413 PABLO AVENUE

TALLAHASSEE, FL 32312 US JACKSONVILLE BEACH, FL 32250 US

FEI Number: 59-2336326 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:

MATHEWS, COREY G GOSZTYLA, JOHN 5160 WILD ROSE WAY 413 PABLO AVENUE

JACKSONVILLE BEACH, FL 32250 TALLAHASSEE, FL 32312 US 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: JOHN GOSZTYLA 12/14/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

GOSZTYLA, JOHN GOITIA, JASON J Name: Name: 4307 LA VERA CT Address: 413 PABLO AVENUE Address:

City-St-Zip: TAMPA, FL 33611 City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: PCD () Delete Title: (X) Change () Addition

MATHEWS, COREY G Name: GOITIA, PATRICK Name: Address: 5160 WILD ROSE WAY Address: 4307 LA VERA CT City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TAMPA, FL 33611

Title: () Delete Title: SD (X) Change () Addition

KERWIN, KENNETH GOITIA, JASON J Name: Name: 4658 RINGWOOD MEADOW Address: Address: 4307 LA VERA CT City-St-Zip: SARASOTA, FL 34235 City-St-Zip: TAMPA, FL 33611

Title: () Delete Title: () Change () Addition

CASEY, C. FRANKLIN Name: Name: 2926 JACKSON STREET Address: Address: City-St-Zip: HOUSTON, TX 77004 City-St-Zip:

Title: () Delete Title: () Change () Addition

MEDUS, ERIC P Name: Name: 1418 LENTON ROSE COURT Address: Address: City-St-Zip: TRINITY, FL 34655 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

RIEDERS, ROBERT RIEDERS, ROBERT Name: Name:

Address: 1904 WEST UNIVERSITY AVENUE Address: 1002 WEST UNIVERSITY AVENUE GAINESVILLE, FL 32603 GAINESVILLE, FL 32603 City-St-Zip: 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: JOHN GOSZTYLA **PCD** 12/14/2009

Electronic Signature of Signing Officer or Director

Date