## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000006994

Entity Name: KAPPA PSI KAPPA FRATERNITY, INC.

FILED Feb 15, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Clirrent Principal Place of Kilciness	NOW Principal Place of Bilgings

1700 N. MONROE STREET 1443 SO 17TH STREET 11 PMB #117 APT 2

TALLAHASSEE, FL 32302 PHILADELPHIA, PA 19146

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 733

PHILADELPHIA, PA 19105

FEI Number: 38-3642674 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:

BLAKE, ERIC C 1443 SO 17TH STREET APT 2 PHILADELPHIA, FL 19146 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:

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition GREEGS, CHRISTOPHER BLAKE, ERIC C Name: Name: 50 KEOWAY DRIVE APT. B3 Address: **1443 SO 17TH STREET** Address:

City-St-Zip: SENECA, SC 19672 City-St-Zip: PHILADELPHIA, PA 19672

(X) Change ( ) Addition Title: NED () Delete Title: 1AVP BLAKE, ERIC C Name: MITCHELL, ADAM Name:

Address: 1443 SO 17TH STREET Address: 2308 ELLSWORTH STREET City-St-Zip: PHILADELPHIA, PA 19146 City-St-Zip: PHILADELPHIA, PA 19146

Title: 2AVP () Delete Title: 2AVP (X) Change ( ) Addition JOHNSON, TIRRELL MCCOY, TOCOBY Name: Name:

P.O. BOX 50873 Address: Address: P.O. BOX 7402 COLUMBIA, SC 29250 City-St-Zip: ROCKY MOUNT, NC 27804

City-St-Zip:

Title: **TRES** ( ) Delete Title: SEC (X) Change ( ) Addition Name:

MITCHELL, ADAM Name: GINYARD, FREDERICK 2308 ELLSWORTH STREET Address: Address: 2643 W. LEHIGH AVENUE City-St-Zip: PHILADELPHIA, PA 19146 City-St-Zip: PHILADELPHIA, PA 19132

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

GREGGS, CHRISTOPHER Name: Name:

P.O. BOX 733 Address: Address:

City-St-Zip: City-St-Zip: PHILADELPHIA, PA 19146

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

SENNET. LEE Name: Name: Address: Address: P.O. BOX 27020 HOUSTON, TX 77227 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: CHRISTOPHER GREGGS **TREA** 02/15/2009