

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90734 039 ****61.25

DOCUMENT # N01000006994

1. Entity Name

KAPPA PSI KAPPA FRATERNITY, INC.



Principal Place of Business

PO BOX 10104
TALLAHASSEE FL 32302

Mailing Address

PO BOX 10104
TALLAHASSEE FL 32302

2. Principal Place of Business

1700 N. Monroe St

3. Mailing Address

Same

Suite, Apt. #, etc.

11 PMB#117

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32303

Country

Leon

Zip

32303

Country

Leon

4. FEI Number **38-3642674**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BENJAMIN, DARYL
1400 DISSLON ST.
TALLAHASSEE FL 32310

7. Name and Address of New Registered Agent

Name **Benjamin, Daryl**
Street Address (P.O. Box Number is Not Acceptable)
1400 Disston St
City **Tallahassee** FL Zip Code **32310**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Daryl Sean Benjamin

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **BENJAMIN, DARYL**
STREET ADDRESS **1400 DISSLON ST.**
CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE **DS** ☒ Delete
NAME **MANUEL, JOHN**
STREET ADDRESS **PO BOX 71058**
CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE **DV** ☒ Delete
NAME **SCARBORO, RAYMOND**
STREET ADDRESS **4012 A NORTH OAK ST. EXTE.**
CITY-ST-ZIP **VALDOSTA GA 31601**

TITLE **DH** ☒ Delete
NAME **WILLIAMS, JASON**
STREET ADDRESS **2302 WEST ALBERSON DR**
CITY-ST-ZIP **ALBANY GA 31707**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **(Secretary, Director)** ☐ Change ☐ Addition
NAME **Aubrey Hall**
STREET ADDRESS **1034 Halk Bxk Lane**
CITY-ST-ZIP **Clarksville, MS 38614**

TITLE **(Historian, Director)** ☐ Change ☐ Addition
NAME **Anthony Mercer**
STREET ADDRESS **547 Cherry St**
CITY-ST-ZIP **Hammond, IN 46324**

TITLE **(CDA)** ☐ Change ☐ Addition
NAME **Bobby Barnes**
STREET ADDRESS
CITY-ST-ZIP

TITLE **KEPDD** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Daryl Sean Benjamin* **5/1/03** **323-6440** **(850)**

CR2E037 (10/02)

90119997

ATTACHMENT
NO 1000006994

(S,D)

Aubrey Hall

1034 Hallie Beth Lane

Clarkdale, MS 38614

(S,D)

Anthony Mercer

547 Cherry St.

Hammond, IN 46324

(S,D)

~~Bobby Barnes~~