

2004 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2004 8:00 am
Secretary of State

06-03-2004 90001 038 ****70.00

DOCUMENT # N02000005456

1. Entity Name

SOUTHERN PROVINCE OF KAPPA ALPHA PSI FOUNDATION, INC.



Principal Place of Business

Mailing Address

**C/O LINNES FINNEY, JR., ESQ.
320 S INDIAN RIVER DR
FT PIERCE FL 34948**

**C/O LINNES FINNEY, JR., ESQ.
320 S INDIAN RIVER DR
FT PIERCE FL 34948**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FINNEY, JR., LINNES ESQ.
GARY, WILLIAMS, PARENTI, FINNEY, LEWIS MCM
320 S INDIAN RIVER DR
FT PIERCE FL 34948**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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 **EMANUEL, FRANK S DR.**
STREET ADDRESS **8024 ALTIMA RD**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **DS** ☐ Delete
NAME **FINNEY, JR., LINNES ESQ.**
STREET ADDRESS **10960 PINE CREEK LN**
CITY-ST-ZIP **PORT ST LUCIE FL 34986**

TITLE **DT** ☐ Delete
NAME **GRAYSON, JOHN**
STREET ADDRESS **6646 MAN-O-WAR TRAIL**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D** ☐ Delete
NAME **RANGE, RONALD**
STREET ADDRESS **250 MARTIN RD**
CITY-ST-ZIP **NORTHPORT AL 35473**

TITLE **D** ☐ Delete
NAME **ALTICE, RALPH**
STREET ADDRESS **PO BOX 671**
CITY-ST-ZIP **MOBILE AL 36601-0671**

TITLE **D** ☐ Delete
NAME **REED, KEFLYN DR.**
STREET ADDRESS **2381 WILLOWDALE ST**
CITY-ST-ZIP **MOBILE AL 33605-3455**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)

0016659