

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000005456

FILED  
Apr 30, 2009  
Secretary of State

**Entity Name:** SOUTHERN PROVINCE OF KAPPA ALPHA PSI FOUNDATION, INC.

**Current Principal Place of Business:**

221 E. OSCEOLA STREET  
C/O LINNES FINNEY, JR. ESQ.  
STUART, FL 33994

**New Principal Place of Business:**

**Current Mailing Address:**

10960 PINE CREEK LANE  
C/O LINNES FINNEY, JR., ESQ.  
PORT ST. LUCIE, FL 34986

**New Mailing Address:**

**FEI Number:** 68-0536759 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GARY, WILLIAMS, PARENTI, FINNEY, LEWIS MC  
221 E. OSCEOLA ST.  
ATT:LINNES FINNEY, JR. ESQ.  
STUART, FL 33994 US

**Name and Address of New Registered Agent:**

FINNEY JR., LINNES  
221 E. OSCEOLA ST.  
ATT:LINNES FINNEY, JR. ESQ.  
STUART, FL 33994 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: LINNES FINNEY JR.

04/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: EMANUEL, FRANK S  
Address: 8024 ALTIMA RD  
City-St-Zip: JACKSONVILLE, FL 32216

Title: S ( ) Delete  
Name: FINNEY, JR., LINNES ESQ.  
Address: 10960 PINE CREEK LN  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: T ( ) Delete  
Name: GRAYSON, JOHN M  
Address: 2143 DORAL DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete  
Name: RANGE, RONALD  
Address: 1514 SKYLAND BLVD.  
City-St-Zip: TUSCALOSA, AL 35405

Title: D ( ) Delete  
Name: ALTICE, RALPH  
Address: PO BOX 671  
City-St-Zip: MOBILE, AL 366010671

Title: D ( ) Delete  
Name: REED, KEFLYN  
Address: 356 S. DEARBORN ST.  
City-St-Zip: MOBILE, AL 336031839

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPS (X) Change ( ) Addition  
Name: FINNEY, JR., LINNES ESQ.  
Address: 10960 PINE CREEK LN  
City-St-Zip: PORT ST. LUCIE, FL 34986

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: LINNES FINNEY JR.

VPS

04/30/2009

Electronic Signature of Signing Officer or Director

Date