

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005456

FILED
May 20, 2010
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:

10960 PINE CREEK LANE
PORT ST. LUCIE, FL 33994

Current Mailing Address:

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

New Mailing Address:

10960 PINE CREEK LANE
PORT ST. LUCIE, FL 33994

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:

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

Name and Address of New Registered Agent:

FINNEY JR., LINNES
10960 PINE CREEK LANE
PORT ST. LUCIE, FL 34986 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: _____

05/20/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: FINNEY, LINNES
Address: 10960 PINE CREEK LANE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VPS
Name: EMANUEL, FRANK E
Address: 8024 ALTIMA RD
City-St-Zip: JACKSONVILLE, FL 32216

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: LINNES FINNEY JR.

P

05/20/2010

Electronic Signature of Signing Officer or Director

Date