

2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000005456

FILED
Oct 02, 2012
Secretary of State

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

Current Principal Place of Business:

10960 PINE CREEK LANE
PORT ST. LUCIE, FL 33994

New Principal Place of Business:

10960 PINE CREEK LANE
PORT ST. LUCIE, FL 33994 UN

Current Mailing Address:

10960 PINE CREEK LANE
PORT ST. LUCIE, FL 33994

New Mailing Address:

FEI Number: 68-0536759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: FINNEY, LINNES JR.
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: FERGUSON, CLEVELAND III
Address: 12267 HAWKSTOWE LANE
City-St-Zip: JACKSONVILLE, FL 32225

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.

PRES

10/02/2012

Electronic Signature of Signing Officer or Director

Date