

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 13, 2007
Secretary of State

DOCUMENT# N03000007155

Entity Name: ALPHA PSI KAPPA FRATERNITY, INC.**Current Principal Place of Business:**PMB #117
1700 NORTH MONROE STREET, SUITE 11
TALLAHASSEE, FL 32303**New Principal Place of Business:****Current Mailing Address:**108 FORRISTER ST
COLUMBIA, SC 29223**New Mailing Address:**P. O. BOX 210176
COLUMBIA, SC 29221**FEI Number:** 26-0549045**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BENJAMIN, DARYL
1400 DISSTON STREET
TALLAHASSEE, FL 32310 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SP () Delete
Name: FULTON, SHAWN
Address: 108 FORRISTER ST
City-St-Zip: COLUMBIA, SC 29223

Title: GVP () Delete
Name: TIRRELL, SEAN R
Address: 108 FORRISTER ST
City-St-Zip: COLUMBIA, SC 29223

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SP (X) Change () Addition
Name: FULTON, TASHANNA
Address: P. O. BOX 210176
City-St-Zip: COLUMBIA, SC 29221

Title: TREA (X) Change () Addition
Name: SILLS, OTTIA J
Address: 301 FM 1663
City-St-Zip: HANKAMER, TX 77560

Title: 1SAP () Change (X) Addition
Name: CLARK, BRANDI
Address: 6111 WINSOME LN
City-St-Zip: HOUSTON, TX 77257

Title: NED () Change (X) Addition
Name: LUNAN, TAMARA
Address: 5657 MONTGOMERY RD #6
City-St-Zip: CINCINNATI, OH 45212

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: OTTIA J. SILLS

TREA

11/13/2007

Electronic Signature of Signing Officer or Director

Date