

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007155

FILED  
Apr 27, 2008  
Secretary of State

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:**

P. O. BOX 210176  
COLUMBIA, SC 29221

**New Mailing Address:**

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: SPD ( ) Delete  
Name: FULTON, TASHANNA  
Address: P. O. BOX 210176  
City-St-Zip: COLUMBIA, SC 29221

Title: SSD ( ) Delete  
Name: SILLS, OTTIA J  
Address: 301 FM 1663  
City-St-Zip: HANKAMER, TX 77560

Title: SAPD ( ) Delete  
Name: CLARK, BRANDI  
Address: PO BOX 573101  
City-St-Zip: HOUSTON, TX 77257

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

Title: PRES (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: VPRE (X) Change ( ) Addition  
Name: CLARK, BRANDI  
Address: PO BOX 573101  
City-St-Zip: HOUSTON, TX 77257

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

04/27/2008

Electronic Signature of Signing Officer or Director

Date