2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008052

FILED May 12, 2009 Secretary of State

Entity Name: KAPPA ALPHA PSI RICHMOND-PERRINE FL ALUMNI FOUNDATION, INC.

Current Principal Place of Business:		New Principal P	New Principal Place of Business:	
1201 BRICKELL AVE			1201 BRICKELL AVE	
#5000 MIAMI, FL 33131			500 MIAMI, FL 33131	
Current Mailing Address:		New Mailing Ad	New Mailing Address:	
P.O.BOX 5 MIAMI, FL				
n accordan	ce with s. 607.193(2)(b), F.S., the corporation did not red	-		
Name and	Address of Current Registered Agent:	Name and Addre	ess of New Registered Agent:	
1201 BRIC #5000	I, STEPHEN H KELL AVE 33131 US			
	named entity submits this statement for the purpe of Florida.	ose of changing its regi	stered office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Fitle: Name: Address: Dity-St-Zip:	P () Delete JOHNSON, STEPHEN H 1201 BRICKELL AVE., SUITE 500 MIAMI, FL 33131	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Fitle: Name: Nddress: Dity-St-Zip:	D () Delete RICHARDSON, PERLEY 14122 SW 110 AVENUE MIAMI, FL 33176	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: Dity-St-Zip:	D () Delete HILL, RANSOM 18101 SW 112 AVE MIAMI, FL 33157	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Fitle: Name: Address: City-St-Zip:	D () Delete HILL, MARLON 200 S BISCAYNE BLVD. MIAMI, FL 33131	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Fitle: Name: Address: City-St-Zip:	D () Delete PHINAZEE, JIMMIE 14274 SW 105 PLACE MIAMI, FL 33176	Title: Name: Address: City-St-Zip:	() Change () Addition	
\ddress:	D () Delete SPRING, LARRY 3500 PAN AMERICAN DRIVE MIAMI, FL 33133	Title: Name: Address: City-St-Zip:	() Change () Addition	
Name: Address: City-St-Zip:	SPRING, LARRY 3500 PAN AMERICAN DRIVE	Name: Address:		

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: STEPHEN JOHNSON P 05/12/2009