2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000007482

TI FILED

Aug 02, 2012
Secretary of State

Entity Name: KAPPA PSI PSI HEALTHCARE SORORITY, INC.

Current Principal Place of Business: New Principal Place of Business:

334 PALMER AVE WEST
LEWIS-BECK BUILDING
TALLAHASSEE, FL 32307

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LEWIS-BECK BUILDING
TALLAHASSEE, FL 32307
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Current Mailing Address: New Mailing Address:

PO BOX 70397 TALLAHASSEE, FL 32307

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RENTZ, JAYME 334 PALMER AVE WEST LEWIS- BECK BUILDING TALLAHASSEE, FL 32307 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: RENTZ, JAYME Address: PO BOX 70397

City-St-Zip: TALLAHASSEE, FL 32307

Title: VP

 Name:
 REGIS, KIMBERLY

 Address:
 PO BOX 70397

 City-St-Zip:
 TALLAHASSEE, FL 32307

Title: T

Name: REGIS, KIMBERLY
Address: PO BOX 70397

City-St-Zip: TALLAHASSEE, FL 32307

Title: A&R

 Name:
 ADAMS, CRYSTAL

 Address:
 PO BOX 70397

 City-St-Zin:
 TALLAHASSEE FL

City-St-Zip: TALLAHASSEE, FL 32307

Title: PA

Name: MARCELIN, SARAH Address: PO BOX 70397

City-St-Zip: TALLAHASSEE, FL 32307

Title: C

Name: BELL, TYNIESHA Address: PO BOX 70397

City-St-Zip: TALLAHASSEE, FL 32307

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: KIMBERLY REGIS TREA 08/02/2012