## 2009 NOT-EOD-DECEIT CODEODATION

## FILED May 29, 2008 8:00 am Secretary of State 05-01-2008 90211 030 \*\*\*\*61.25

DOCUMENT # N070000 1. Entity Name TAMPA ALUMNI CHAPTER OF K FRATERNITY, INC.		
Principal Place of Business 18012 PALM BREEZE DRIVE TAMPA, FL 33647 US	Mailing Address 18012 PALM BREEZE DRIVE TAMPA, FL 33647 US	
2. Principal Place of Business, No P.Q. Box # 3412 E Lake Av	3. Mailing Address Po Bok (/36)	7

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18012 PALM BREEZE DRIVE 18012		Mailing Address 18012 PALM BREEZ TAMPA, FL 33647	12 PALM BREEZE DRIVE		6601257			ITU BU IRBI		
2. Principal Place of Business, No P.Q. Box # 3. Mailing Address # 80 Box (1367)										
Suite, Apt. #, etc. Suite, Apt. #, etc.				04292008 Chg-NP	CR2E037	(12/06)				
Tai	City & State Tampa, FL Tampa, FL Tampa, FL				4. FEI Number	•	_ <del> </del>	plied For t Applicable		
Zip 336/0 Country Zip V S 3		336 80	Country		5. Certificate of Status De	5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
EZEANYA, ONYEMA 3412 E. LAKE AVENUE			Name Street Address (P.O. Box Number is Not Acceptable)							
TAMPA, FL 33610										
				City		FL	Zip Code	,		
	named entity submits this statement to ions of registered agent.	or the purpose of changing	its register	ed office or re	gistered agent, or both, in the Sta	ate of Florida. I am fa	miliar with,	and accept		
SIGNATURE										
	Signature, typed or printed name of registered agent	and title if applicable. (7	NOTE: Registere	d Agent signature r	required when reinstating)	DATE	•			
	Filing Fee is \$61.25  Due by May 1, 2008  9. Election Campaign F Trust Fund Contribut		~ ~	\$5.00 May Be Added to Fees	න්නේන්න්න් දී කුදෙල් අතත්ව දී	payablok nentrofisi	ate			
10.	OFFICERS AND DI	RECTORS	11.	<del></del>	ADDITIONS/CHANGES TO	OFFICERS AND DIR	ECTORS IN	10		
TITLE	P	☐ Delete	TITL	E	<u> </u>		☐ Change	☐ Addition		
NAME	MILLER, LESLIE JR.		NAM	IE .						
STREET ADDRESS	1412 E. LAKE AVENUE ST			EFT ADDRESS						
CITY-ST-ZIP	TAMPA, FL 33610		CITY	-ST-ZIP						
TITLE	VP	☐ Delete	tττι	E			Change	Addition		
NAME :	NARAIN, EDWIN		NAM	1				}		
STREET ADDRESS CITY-ST-ZIP	3412 E. LAKE AVENUE TAMPA, FL 33610			EET ADDRESS '-ST-ZIP						
TITLE	Т	Delete	TITLI		<del></del> .		☐ Change	Addition		
NAME	JACKSON, KEVIN N	□ heiste	NAM				снануе	Addition		
STREET ADDRESS	3412 E. LAKE AVENUE	-		EET ADDRESS						
CITY-ST-ZIP	TAMPA, FL 33610		CITY	'-ST-ZIP		•				
TITLE	s	☐ Detete	TITL	E			Change	☐ Addition		
NAME	EZEANYA, ONYEMA		NAM	tE						
STREET ADDRESS	3412 E. LAKE AVENUE	,		EET ADDRESS				l		
CITY-ST-ZIP	TAMPA, FL 33610		CITY	-ST-ZIP	<del></del> .	<del></del>				
TITLE		☐ Delete	TITL				☐ Change	Addition		
NAME STREET ADDRESS			NAM							
CITY-ST-ZIP				EET ADDRESS '-ST-ZIP				ļ		
TITLE		☐ Delete	TITL	-			☐ Change	Addition		
NAME		C Delété	NAM	1			- cuende			
STREET ADDRESS				EET ADORESS						
CITY-ST-ZIP	<u> </u>		CIŤY	'-ST-ZIP						
12. I hereby o	certify that the information supplied with	h this filing does not qualify	y for the exe	emptions cont	tained in Chapter 119, Florida Str	atutes. I further certif	y that the in	formation		

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an discord 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: