

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009897

FILED  
Feb 18, 2009  
Secretary of State

**Entity Name:** TAMPA ALUMNI CHAPTER OF KAPPA ALPHA PSI FRATERNITY, INC.

**Current Principal Place of Business:**

3412 E LAKE AVE  
TAMPA, FL 33610 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 11367  
TAMPA, FL 33680 US

**New Mailing Address:**

PO BOX 5062  
TAMPA, FL 33675 US

**FEI Number:** 26-1201574

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EZEANYA, ONYEMA  
3412 E. LAKE AVENUE  
TAMPA, FL 33610 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: P ( ) Delete  
Name: MILLER, LESLIE JR.  
Address: 3412 E. LAKE AVENUE  
City-St-Zip: TAMPA, FL 33610 US

Title: VP ( ) Delete  
Name: NARAIN, EDWIN  
Address: 3412 E. LAKE AVENUE  
City-St-Zip: TAMPA, FL 33610 US

Title: T ( ) Delete  
Name: JACKSON, KEVIN N  
Address: 3412 E. LAKE AVENUE  
City-St-Zip: TAMPA, FL 33610 US

Title: S ( ) Delete  
Name: EZEANYA, ONYEMA  
Address: 3412 E. LAKE AVENUE  
City-St-Zip: TAMPA, FL 33610 US

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

Title: P (X) Change ( ) Addition  
Name: MILLER, LESLEY JR.  
Address: 3412 E. LAKE AVENUE  
City-St-Zip: TAMPA, FL 33610 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KEVIN JACKSON

T

02/18/2009

Electronic Signature of Signing Officer or Director

Date