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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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N OF CORPORATIONS

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DOCUMENT # **N33501** **(0)**

1. Corporation Name

THE FORT MYERS ALUMNI CHAPTER OF KAPPA ALPHA PSI FRATERNITY, INC.

Principal Place of Business	Mailing Address
C/O JIMMIE GILMORE. SR. 1837 LILLIE ST. FT. MYERS FL 33916	C/O JIMMIE GILMORE. SR. 1837 LILLIE ST. FT. MYERS FL 33916

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/28/1989
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-1868671 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	**$68.75** Supplemental Fee Not Required
Zip / Country 24 / 25	Zip / Country 29 / 30	8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

GILMORE, JIMMIE, SR.
1837 LILLIE STREET
FT. MYERS FL 33916

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	CARTER, LEWIS, III	12 NAME	
STREET ADDRESS	3056 APACHE ST.	13 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SAPP, RICHARD A.	22 NAME	
STREET ADDRESS	3275 S. STREET	23 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	GARY, LARRY	32 NAME	
STREET ADDRESS	40 BROADWAY CIR	33 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MORGAN, FREDERICK	42 NAME	
STREET ADDRESS	2196 PAULDO ST.	43 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BURNSIDE, CARL	52 NAME	
STREET ADDRESS	4856 NEW YORK AVENUE	53 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	GLOVER, LARRY	62 NAME	
STREET ADDRESS	1511 HIGH STR.	63 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frederick D. Morgan 4-8-95 813-332-0092
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone #

Frederick D. Morgan

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