FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 29 AM 8:16

DOCUMENT # N36032 (3)

1. Corporation Name

PENSACOLA ALUMNI CHAPTER KAPPA ALPHA PSI FRATERN ITY, INC.

Principal Place of Business	Mailing Address
% ELVIN MCCORVEY 1770 E BAARS ST PENSACOLA FL 32503	% ELVIN MCCORVEY 1770 E BAARS ST PENSACOLA FL 32503

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/04/1990
3a. Date of Last Report: 05/12/1994
4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ? ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1401 W. Gonzalez	26 1770 E BAARS ST
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Pensacola, Fl.	City & State 28 PENSACOLA, FLA.
Zip 24 32501 — County 25	Zip 29 32503 — County 30

9. Name and Address of Current Registered Agent

MCCORVEY, ELVIN
1770 E BAARS ST
PENSACOLA FL 32503

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	DP	11 TITLE	☐ Change ☐ Addition
NAME	MCCORVEY, ELVIN	12 NAME	
STREET ADDRESS	1770 E BAARS ST	13 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	AUGUSTAVF, MARC	22 NAME	
STREET ADDRESS	566-A AVENGER DR.	23 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL	24 CITY-ST-ZIP	
TITLE	DT	31 TITLE	☐ Change ☐ Addition
NAME	MCQUEEN, CLIFFORD	32 NAME	
STREET ADDRESS	1100 W GONZALEZ ST	33 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	34 CITY-ST-ZIP	
TITLE	DS	41 TITLE	☐ Change ☐ Addition
NAME	NICHOLS, CHARLES	42 NAME	
STREET ADDRESS	6390 MANASSAS CT	43 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SNOWDEN, TOMMY	52 NAME	
STREET ADDRESS	7555 LONG MEADOW LN	53 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	~~BENNETT, THEODORE~~ Deceased	62 NAME	
STREET ADDRESS	~~5816 RINGGOLD CIR~~	63 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA 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: [signature] June 20, 1995 904) 438-6840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070000