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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N36032 (3)

1. Corporation Name

PENSACOLA ALUMNI CHAPTER KAPPA ALPHA PSI FRATERNITY, INC.

Principal Place of Business

1401 W GONZALEZ  
1770 E BAARS ST  
PENSACOLA FL 32501  
US

Mailing Address

1770 E BAARS ST-1100 W. GONZALEZ ST  
1770 E BAARS ST  
PENSACOLA FL 32501  
US



3. Date Incorporated or Qualified  
01/04/1990

3a. Date of Last Report  
06/29/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

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

11 Name CLIFFORD MCQUEEN  
12 Street Address (P.O. Box Number is Not Acceptable)  
1100 W. GONZALEZ ST  
13 PENSACOLA, FL 32501  
14 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE CLIFFORD MCQUEEN  
Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME MCCORVEY, ELVIN  
STREET ADDRESS 1770 E BAARS ST  
CITY-ST-ZIP PENSACOLA FL

TITLE DV  
NAME AUGUSTAVF, MARC  
STREET ADDRESS 566-A AVENGER DR.  
CITY-ST-ZIP MILTON FL

TITLE DT  
NAME MCQUEEN, CLIFFORD  
STREET ADDRESS 1100 W GONZALEZ ST  
CITY-ST-ZIP PENSACOLA FL

TITLE DS  
NAME NICHOLS, CHARLES  
STREET ADDRESS 6390 MANASSAS CT  
CITY-ST-ZIP PENSACOLA FL

TITLE D  
NAME SNOWDEN, TOMMY  
STREET ADDRESS 7555 LONG MEADOW LN  
CITY-ST-ZIP PENSACOLA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP  
1.2 NAME GIBSON, MICHAEL C.  
1.3 STREET ADDRESS 403 OAKLAND DRIVE  
1.4 CITY-ST-ZIP MILTON, FL 32570

2.1 TITLE DV  
2.2 NAME DAGGS, LEON JR.  
2.3 STREET ADDRESS 299 TIMBERLINE DR.  
2.4 CITY-ST-ZIP CRESTVIEW, FL 32536

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE DS  
4.2 NAME JOHNSON, BYRON K.  
4.3 STREET ADDRESS 119 DODGE RD  
4.4 CITY-ST-ZIP PENSACOLA, FL 32503

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(k), 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:

CLIFFORD MCQUEEN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96  
Date

904 488 6840  
Daytime Phone #

CR2E037 (12/95)