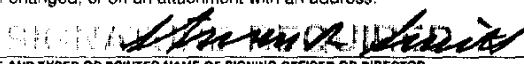


FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N44524 (9) 1. Corporation Name KAPPA ALPHA HOUSING ASSOCIATION OF FLORIDA, INC.					
Principal Place of Business P.O. BOX 44033 JACKSONVILLE FL 32231		Mailing Address P.O. BOX 44033 JACKSONVILLE FL 32231-4033			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 07/31/1991 3a. Date of Last Report 04/22/1996 4. FEI Number 59-3078421 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 SMITH, STEVEN R 1000 RIVERSIDE AVE SUITE 800 JACKSONVILLE FL 32204			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 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME	FROST, MARK M.		1.2 NAME		
STREET ADDRESS	4030 HERSCHEL STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME	SMITH, STEVEN R.		2.2 NAME		
STREET ADDRESS	P.O. BOX 44033 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME	FRIEDMAN, H. DANIEL		3.2 NAME		
STREET ADDRESS	10809 NW 31ST PLACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME	GROOMS, RUSSELL E. JR.		4.2 NAME		
STREET ADDRESS	155 BLANDING BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME	HOLMES, ROGERS B "TIGER"		5.2 NAME		
STREET ADDRESS	6550 ROOSEVELT BLVD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME	TURKNETT, ROY L		6.2 NAME		
STREET ADDRESS	6010 DUCLAY RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP		
14. I do hereby certify that the information supplied with this filing 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: 			4/28/97 904-350-1017		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone # 0007142		

CR2E037 (9/96)

CORPORATION ANNUAL REPORT 1997
KAPPA ALPHA HOUSING ASSOCIATION OF FLORIDA, INC.

12. (continued)

OFFICERS AND DIRECTORS

1.1 Title	D
1.2 Name	Edward E. Witt
1.3 Address	P.O. Box 1799
1.4 City, State, Zip	Jacksonville, Florida 32201

1.1 Title	D
1.2 Name	Doug Swan
1.3 Address	2350 N. Ponce de Leon Blvd.
1.4 City, State, Zip	St. Augustine, Florida 32084