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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	Mailing Address
P.O. BOX 44033 JACKSONVILLE FL 32231	P.O. BOX 44033 JACKSONVILLE FL 32231-4033

3. Date Incorporated or Qualified: **07/31/1991**
3a. Date of Last Report: **04/22/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-3078421** ☐ 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

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 _____ 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	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	

CR2E037 (9/96)

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: SIGNATURE [illegible] 4/28/97 904-350-1017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0007142

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