

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -5 PM 2:56

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/31/1991** 3a. Date of Last Report **03/31/1994**
4. FEI Number **59-3078421** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.
22 City & State **27** City & State
23 Zip Country **28** Zip Country
24 **25** **29** **30**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, STEVEN R
1000 RIVERSIDE AVE
SUITE 800
JACKSONVILLE FL 32204**

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
PO	FROST, MARK M.	4030 HERSHEL STREET	JACKSONVILLE FL
STD	SMITH, STEVEN R.	4012 Ortega Forest Drive	JACKSONVILLE FL 32210
D	FRIEDMAN, H. DANIEL	10809 NW 31ST PLACE	GAINESVILLE FL
VD	GROOMS, RUSSELL E. JR.	155 BLANDING BLVD.	ORANGE PARK FL
D	HOLMES, ROGERS B "TIGER"	6550 ROOSEVELT BLVD.	JACKSONVILLE FL
D	TURKNETT, ROY L	6010 DUCLAY RD	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	Change	Addition

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 110.07(3)(a), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Page #

3/20/95 404-354-5910

CORPORATION ANNUAL REPORT 1995
KAPPA ALPHA HOUSING ASSOCIATION OF FLORIDA, INC.

12. Continued

OFFICERS AND DIRECTORS

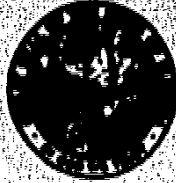
- 1.1 Title**
- 1.2 Name**
- 1.3 Address**
- 1.4 City, State, Zip**

- 1.1 Title**
- 1.2 Name**
- 1.3 Address**
- 1.4 City, State, Zip**

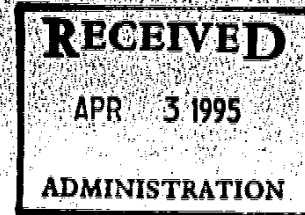
D
Edward E. Witt
2251 Rosselle Street
Jacksonville, FL 32204

- 1.1 Title**
- 1.2 Name**
- 1.3 Address**
- 1.4 City, State, Zip**

D
Doug Swan
2350 N. Ponce de Leon Blvd.
St. Augustine, FL 32084



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State



March 28, 1995

KAPPA ALPHA HOUSING ASSOCIATION OF FLORIDA, INC.
P.O. BOX 44033
JACKSONVILLE, FL 32231

SUBJECT: KAPPA ALPHA HOUSING ASSOCIATION OF FLORIDA, INC.
Ref. Number: N44524

Please be advised, we have received your Annual Report; however, the document **has not been filed** and is being returned for the following:

List the street address of each officer/director in block 12 or 13. If the officer or director does not have a street address, list the mailing address and write (N/A).

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Annual Report Section at (904) 487-6056.

Thank you,

Lellani White
ANNUAL_REPORTS Section

Letter number: 395A00013957