FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

4 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 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
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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	PD	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	2.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, STEVEN R.	2.2 NAME	
STREET ADDRESS	4012 Ortega Forest Drive	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210	2.4 CITY-ST-ZIP	
TITLE	D	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	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	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	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 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: Steven R. Smith 3/20/95 904.354.5910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CORPORATION ANNUAL REPORT 1995
KAPPA ALPHA HOUSING ASSCIATION 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	D
1.2 Name	Edward E. Witt
1.3 Address	2251 Rosselle Street
1.4 City, State, Zip	Jacksonville, FL 32204
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, 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,

Leilani White
ANNUAL_REPORTS Section

Letter number: 395A00013957