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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005265 (4)
1. Corporation Name
KAPPA ALPHA PSI FOUNDATION, INC.



Principal Place of Business 2185 NW 19TH ST FT LAUDERDALE FL 33311	Mailing Address 2185 NW 19TH ST FT LAUDERDALE FL 33311-3436
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3. Date Incorporated or Qualified 11/22/1993	3a. Date of Last Report 03/26/1996
4. FEI Number 65-0474137	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name **RONALD BRAYNON, JR.**
82 Street Address (P.O. Box Number is Not Acceptable)
5208 N.W. 67TH AVENUE
83
84 City **LAUDERHILL** FL 85 Zip Code **33319**

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: *Ronald W. Braynon, Jr.* **3-10-97**
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	P	<input type="checkbox"/> DELETE
NAME	BRAYNON, R JR	
STREET ADDRESS	5208 NW 67TH AVE	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DALLAS, JAMES	
STREET ADDRESS	3870 NW 6TH CT	
CITY - ST - ZIP	FT LAUDERDALE FL 33311	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GIBBS, JAMES	
STREET ADDRESS	2740 SOMERSETT DR #U412	
CITY - ST - ZIP	LAUDERDALE LAKES FL 33311	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUMPHRIES, THORNTON	
STREET ADDRESS	2071 NW 30TH TERRACE	
CITY - ST - ZIP	FT LAUDERDALE FL 33311	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MERRITT, GORDON	
STREET ADDRESS	2781 NW 26TH AVE	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCRUGGS, FRANK	
STREET ADDRESS	4410 NW 12TH CT	
CITY - ST - ZIP	LAUDERHILL FL 33313	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRAYNON, R. JR	
1.3 STREET ADDRESS	5208 NW 67TH AVE	
1.4 CITY - ST - ZIP	FORT LAUDERDALE, FL 33319	
2.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JERRY KOLO	
2.3 STREET ADDRESS	220 SE 2ND AVENUE	
2.4 CITY - ST - ZIP	FORT LAUDERDALE, FL 33301	
3.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SAMUEL SWORN	
3.3 STREET ADDRESS	1508 NW 3RD WAY	
3.4 CITY - ST - ZIP	POMPANO BEACH, FL 33060	
4.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MERRITT, GORDON	
4.3 STREET ADDRESS	2781 NW 12TH CT	
4.4 CITY - ST - ZIP	FORT LAUDERDALE, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, unchanged, or on an attachment with an address.

SIGNATURE: *Ronald W. Braynon, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0034630

CR2E037 (9/96)