. Entity Nam	MENT # N93000(alpha psi foundation, in	J	FILED Jan 12, 2001 8:00 am Secretary of State					
rincipal Place	e of Business	Mailing Address	·		01-12-2001 9002	8 022 ****	61.25	
2185 NW 19TH ST 707 N.W. 22ND ROAD FT LAUDERDALE FL 33311 US 2. Principal Place of Business Suite, Apt. #, etc.		2185 NW 19TH ST 5208 N.W. 67TH AVE. LAUDERHILL FL 33319 US 3. Mailing Address P. O. Box 21 — Suite, Apt. #, etc.		1 1000101 01	DO NOT WRITE IN THIS SPACE			
				_				
City & State	9	City & State F. T. Lawo GRU	ale ElA	4. FEI Number	65-0474137	<u> </u>	plied For	F
Zip	Country	33302-002	Country	5. Certificate of S		\$8.75 Add	litional	1
	6. Name and Address of Current R				dress of New Registered			╡ .
5208 NW SUITE 10			I	s (P.O. Box Number is	67 BAVEL			
	IILL FL 33319 named entity submits this statement for		CityLan	derhill	FL FL	- 333	9	
).	FILE NOW: FEE IS \$61.25	Election Campaign Finance Trust Fund Contribution ECTORS	, E	.00 May Be ded to Fees ADDITIONS/CHANG	Make Check Departmen GES TO OFFICERS AND D	t of State		
TLE ME REET ADDRESS TY-ST-ZIP	T BRAYNON, R. JR. 5208 NW 67TH AVE FORT LAUDERDALE FL 333 /4	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	F037 (10/
LE ME REET ADDRESS Y-ST-ZIP	D Dallas, James 3870 NW 6TH CT	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fig. 12.		Change	Addition	CB2
LE ME REET ADDRESS Y-ST-ZIP	S SWORN, SAMUEL 1508 NW 3RD WAY POMPANO BEACH FL 33060	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
E ME EET ADDRESS Y-ST-ZIP	P KOLO, JERRY 220 S.E. 2ND AVE. FORT LAUDERDALE FL 33301	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition .	
LE ME REET ADDRESS Y-ST-ZIP	VP HUMPHRIES, THORNTON 2071 N.W. 30TH TERRACE FT LAUDERDALE FL 33311	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
LE Me Reet address Y-ST-ZIP	D SCRUGGS, FRANK 4410 NW 12TH CT LAUDERHILL FL 33313	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
I hereby co indicated of of the corp changed	ertify that the information supplied with to on this report or supplemental report is to coration or the receiver or trustee empoy or on an attachment with an address, w	his filing does not qualify for the rue and accurate and that my severed to execute this report as ith all other like empowered.	e exemption stated in signature shall have the required by Chapter (Section 119.07(3)(i), F ne same legal effect a 617, Florida Statutes; a	Torida Statutes. I further ce s if made under oath; that I and that my name appears	rtify that the in am an officer in Block 10 or	formation or director Block 11 if	