


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000005265
 Entity Name
KAPPA ALPHA PSI FOUNDATION, INC.



Principal Place of Business 2185 NW 19TH ST 707 N.W. 22ND ROAD FT LAUDERDALE, FL 33311 US	Mailing Address P.O. BOX 21 5208 N.W. 67TH AVE. FORT LAUDERDALE, FL 33302-0021 US
--	--

DO NOT WRITE IN THIS SPACE



01122004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BRAYNON, RONALD J
5208 NW 67TH AVE
LAUDERHILL, FL 33319

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BRAYNON, R. JR. 5208 NW 67TH AVE FORT LAUDERDALE, FL 33319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DALLAS, JAMES 3870 NW 6TH CT FT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SWORN, SAMUEL 1508 NW 3RD WAY POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KOLO, JERRY 220 S.E. 2ND AVE. FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HUMPHRIES, THORNTON 2071 N.W. 30TH TERRACE FT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCRUGGS, FRANK 4410 NW 12TH CT LAUDERHILL, FL 33313

U00000008637
 01/20/04-80074-013 61.25

U00000008637
 01/20/04-80074-014 8.75

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: Ronald W. Braynon Jr. 1/15/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR