

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001292

FILED
Jan 07, 2009
Secretary of State

Entity Name: ALPHA PHI FOUNDATION OF ALPHA KAPPA PSI, INC.

Current Principal Place of Business:

C/O DAMIAN PERRY
301 SE 17TH ST
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

C/O DAMIAN PERRY
301 SE 17TH ST
OCALA, FL 34471

New Mailing Address:

FEI Number: 20-1721500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRY, DAMIAN
301 SE 17TH ST
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CDT () Delete
Name: INGLEY, ANDREW
Address: PO BOX 618272
City-St-Zip: CHICAGO, IL 60661

Title: D () Delete
Name: CASTELINO, JOHN
Address: 98 LARKWOOD DRIVE
City-St-Zip: JACKSON, TN 38305

Title: D () Delete
Name: STROSBERG, ROB
Address: 1455 WASHINGTON BLVD #237
City-St-Zip: STAMFORD, CT 06902

Title: D () Delete
Name: TESSMER, JOHN
Address: 502 S. FREMONT AVE., #424
City-St-Zip: TAMPA, FL 33606

Title: SD () Delete
Name: RICHARD, ASHBROOK
Address: 1331C SW 13TH STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: PD () Delete
Name: REGAN, CHRISTIAN
Address: 5650 S.W. 74TH PLACE, #305
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW INGLEY

CDT

01/07/2009

Electronic Signature of Signing Officer or Director

Date