

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001760

FILED
Jun 26, 2009
Secretary of State

Entity Name: TAU KAPPA EPSILON FRATERNITY, INC., OF BARRY UNIVERSITY

Current Principal Place of Business:

11300 N.E. 2ND AVE.
C/O STUDENT ACTIVITIES
MIAMI SHORES, FL 33161

New Principal Place of Business:

Current Mailing Address:

11300 N.E. 2ND AVE.
C/O STUDENT ACTIVITIES
MIAMI SHORES, FL 33161

New Mailing Address:

FEI Number: 91-1811676 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MONTELIONE, VINCENT JR
11300 NE 2ND AVENUE
C/O STUDENT ACTIVITIES
MIAMI SHORES, FL 33161 US

Name and Address of New Registered Agent:

CALVO, MIGUEL A
6902 NW 174 TERR
E105
MIAMI LAKES, FL 33015 US

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: MIGUEL A CALVO

06/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LENNON, RON DR
Address: 108 51ST ST CIRCLE EAST
City-St-Zip: PALMETTO, FL 34221

Title: S () Delete
Name: ANDRUS, JARED
Address: 1659 NE 110 TERRACE
City-St-Zip: MIAMI, FL 33161

Title: MR (X) Delete
Name: MONTELIONE, VINCENT JR
Address: 11725 NW 5TH ST
City-St-Zip: PLANTATION, FL 33325

Title: D () Delete
Name: SUPERFISKY, PHYLLIS SR
Address: 11950 NE 2ND AVE #318
City-St-Zip: N MIAMI, FL 33161

Title: D () Delete
Name: HINELINE, EILEEN
Address: 590 NW 161ST AVENUE
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: CALVO, MIGUEL A
Address: 6902 NW 174 TERR, E105
City-St-Zip: MIAMI LAKES, FL 33015

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: MIGUEL A CALVO

S

06/26/2009

Electronic Signature of Signing Officer or Director

Date