


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000003311 1. Entity Name THE ORLANDO ALUNI CHAPTER OF KAPPA ALPHA PSI FRATERNITY, INC.	
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Principal Place of Business 850 CHARLOTTE STREET LONGWOOD, FL 32750	Mailing Address P.O. BOX 555088 ORLANDO, FL 32588-5088
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04242006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3611545	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NELSON, ALBERT 850 CHARLOTTE STREET LONGWOOD, FL 32750	DO NOT WRITE IN THIS SPACE
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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 reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEPHENS, NATHANIEL JR 7815 WESTMINISTER ABBEY BLVD ORLANDO, FL 328355955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELL, LONNIE 4527 S LAKE ORLANDO PKWY. ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLACKSHEAR, EDWARD L P.O. BOX 664 SANFORD, FL 32772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/09/06-80013-013 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowered.

SIGNATURE: Nathaniel Stephens Jr **NATHANIEL STEPHENS JR** 4-23-06 407-292-0257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #