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Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000082134 (3)

1. Corporation Name

JACKSONVILLE ALUMNI CHAPTER OF KAPPA ALPHA PSI,
FRATERNITY, INC.

Principal Place of Business

3717 MONCRIEF RD
JACKSONVILLE FL 32209

Mailing Address

3717 MONCRIEF RD
JACKSONVILLE FL 32209-3928

3. Date Incorporated or Qualified

09/30/1996

3a. Date of Last Report

4. FEI Number

Applied For

☒ Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MILLER, HERMAN JR
3717 MONCRIEF RD
JACKSONVILLE FL 32209

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, HERMAN JR	
STREET ADDRESS	3876 CATHEDRAL OAKS PLACE S	
CITY- ST- ZIP	JACKSONVILLE FL 32217	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROCKINGTON, KENNETH	
STREET ADDRESS	2401 ST LEGER DR	
CITY- ST- ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KNIGHT, FREDERICK	
STREET ADDRESS	7832 SOUTHSIDE BLVD APT 1808	
CITY- ST- ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRIESTLY, CASSIUS S	
STREET ADDRESS	5818 COPPER CREEK DR	
CITY- ST- ZIP	JACKSONVILLE FL 32218	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PRIESTLY, FRANK	
STREET ADDRESS	5089 ANDREW ROBINSON DR	
CITY- ST- ZIP	JACKSONVILLE FL 32209	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PROCTOR, S. ELVIN	
STREET ADDRESS	802 TAMMY COVE LANE	
CITY- ST- ZIP	JACKSONVILLE FL 32218	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	9027 Adams Ave
3.4 CITY- ST- ZIP	Jacksonville, FL 32208
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/97

(904) 791-8060

CR2E034 (9/96)