Entity Name: KAPPA ALPHA PSI FRATERNITY INCORPORATED - 23-7279556			/ 2/ 9000	Secretary of State CC5683951297	
Current Pri 7770 THORNL LAKE WORTH			CC30639;	51297	
Current Ma	iling Address:				
PO BOX 120 WEST PALM	6 M BEACH, FL 33401 UN				
FEI Number: 23-7279556 Certificate		Certificate of Status Desire	ed: No		
Name and A	Address of Current Registered Agent:				
BARNES, EDR 501 N. ROSEM WEST PALM B					
The above name	d entity submits this statement for the purpose of changing its re	gistered office or regis	tered agent, or both, in the State of Florida	a.	
The above name		gistered office or regis	tered agent, or both, in the State of Florida	a.	
		gistered office or regis	tered agent, or both, in the State of Florida	a. Date	
SIGNATURI	E:	gistered office or regis	tered agent, or both, in the State of Florida		
SIGNATURI	E: Electronic Signature of Registered Agent	gistered office or regis	tered agent, or both, in the State of Florida		
SIGNATURI Officer/Dire	E: Electronic Signature of Registered Agent				
SIGNATURI Officer/Dire	E: Electronic Signature of Registered Agent	Title	P		
SIGNATURI Officer/Dire Title Name	E: Electronic Signature of Registered Agent Cector Detail : S YOUNG, DESMOND/M 7770 THORNLEE DR	Title Name	P LAMOTTE, KERWIN		
SIGNATURI Officer/Dire Title Name Address	E: Electronic Signature of Registered Agent Cector Detail : S YOUNG, DESMOND/M 7770 THORNLEE DR	Title Name Address	P LAMOTTE, KERWIN 10568 LONGLEAF LANE		
SIGNATURI Officer/Dire Title Name Address City-State-Zip:	E: Electronic Signature of Registered Agent Cector Detail : S YOUNG, DESMOND/M 7770 THORNLEE DR LAKE WORTH FL 33467	Title Name Address	P LAMOTTE, KERWIN 10568 LONGLEAF LANE		
SIGNATURI Officer/Dire Title Name Address City-State-Zip: Title	E: Electronic Signature of Registered Agent Cotor Detail : S YOUNG, DESMOND/M 7770 THORNLEE DR LAKE WORTH FL 33467 S	Title Name Address	P LAMOTTE, KERWIN 10568 LONGLEAF LANE		

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1600006032

I hereby 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 all other like empowered.

SECRETARY

SIGNATURE: YOUNG, DESMOND/M

Electronic Signature of Signing Officer/Director Detail

FILED Jun 26, 2018