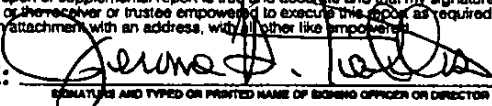


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2005 8:00 am
Secretary of State

04-28-2005 90225 023 ****61.25

DOCUMENT # N04000005450					
1. Entity Name KAPPA ALPHA PSI GUIDE RIGHT FOUNDATION OF ST. PETERSBURG, INC					
Principal Place of Business 1843 53 CR S ST PETERSBURG, FL 33712			Mailing Address P.O. BOX 12066 ST PETERSBURG, FL 33733-2066		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 56-2473863	
				☒ Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CUTLIFF, YATE K 501 1 AVE N STE 507 ST PETERSBURG, FL 33701			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 reappointing)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	TELLIS, JEROME		NAME	JOHNSON, CHESTER	
STREET ADDRESS	1843 53 CR S		STREET ADDRESS	1201 63RD AVE SOUTH	
CITY-ST-ZIP	ST PETERSBURG, FL 33712		CITY-ST-ZIP	ST. PETERSBURG, FL 33705	
TITLE	V	☐ Delete	TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	KEYS, LASHANTE		NAME	STOKES, ROBERT	
STREET ADDRESS	701 68 AVE S		STREET ADDRESS	4020 40TH CIRCLE SOUTH	
CITY-ST-ZIP	ST PETERSBURG, FL 33705		CITY-ST-ZIP	ST. PETERSBURG, FL 33711	
TITLE	T	☐ Delete	TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	COLQUITT, CHARLIE		NAME	GORDON, KEVIN	
STREET ADDRESS	1820 SERPENTINE DR S		STREET ADDRESS	3011 59TH AVE SOUTH	
CITY-ST-ZIP	ST PETERSBURG, FL 33712		CITY-ST-ZIP	ST. PETERSBURG, FL 33712	
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KING, BERNARD JR		NAME		
STREET ADDRESS	1345 24 ST S		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL 33712		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I 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 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 themselves 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 information.					
SIGNATURE: 			4-20-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

66020810



04252005 Chg-NP CR2E037 (10/03)