2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000000087

1. Entity Name

JACKSONVILLE ALUMNI CHAPTER OF KAPPA ALPHA PSI GUIDE RIGHT SCHLORSHIP & DEVELOPMENT FOUNDATION,



FILED Feb 28, 2005 08:00 AM Secretary of State

Principal Place of Business

3717 WEST MONCRIEF RD JACKSONVILLE, FL 32209

Mailing Address

3717 WEST MONCRIEF RD JACKSONVILLE, FL 32209



02222005 No Chg-NP

CR2E037 (10/03)

4. FEI Number	Applied For
59-3503848	Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

DO NOT WRITE IN THIS SPAC	ÇE
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5. Name and Address of Current Registered Agent

GAMBLE, DENNIS 4564 RIVER TRAIL ROAD JACKSONVILLE, FL 32277

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the pu tions of registered agent.	rpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and site if a	applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Finance Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	ORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JONES, DR. CARLTON 451 SNAPPING TURTLE CT. W. ATLANTIC BEACH, FL 32233				[#############
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT COWAN, WILLIE J 1645 THREE OAKS LN JACKSONVILLE, FL 32223				02/29/05-80065-009 70.0 0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MILLER, HERMAN JR 7636 CATHEDRAL OAKS PL SOUTH JACKSONVILLE, FL 32217			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GAMBLE, DENNIS 4564 RIVER TRAIL ROAD JACKSONVILLE, FL 32277			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
indicated of the cor	certify that the information supplied with this filin on this report or supplemental report is true an poration or the receiver or trustee empowered to or on an attachment with an address, with all of	d accurate and that my signatu to execute this report as require	ption stated re shall haved by Chapt	d in Section 119.07(3) te the same legal effet ter 617, Florida Statute	(1), Florida Statutes. I further certify that the information ct as if made under cath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if

NTED NAME OF SIGNING OFFICER OR DIRECTOR