

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005450

Entity Name: KAPPA ALPHA PSI GUIDE RIGHT FOUNDATION OF ST. PETERSBURG, INC**Current Principal Place of Business:**930 59TH AVENUE SOUTH
ST PETERSBURG, FL 33705**Current Mailing Address:**P.O. BOX 12066
ST PETERSBURG, FL 33733-2066 US**FEI Number: 56-2473863****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**JACKSON, EDDIE J
645 64TH AVE S
ST PETERSBURG, FL 33705 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	SECRETARY
Name	LAURY, TYRONE J
Address	1087 DEMETREE LANE
City-State-Zip:	LAKELAND FL 33811

Title	DIRECTOR
Name	KEYS, LASHANTE
Address	15826 HAMPTON VILLAGE DRIVE
City-State-Zip:	TAMPA FL 33618

Title	PRESIDENT
Name	JACKSON, EDDIE
Address	645 64TH AVE SOUTH
City-State-Zip:	ST PETERSBURG FL 33705

Title	VP
Name	CLARKE, JOHNNY LMICHAEL
Address	2585 MADRID WAY SOUTH
City-State-Zip:	ST PETERSBURG FL 33712

Title	TREASURER
Name	COLQUITT, CHARLIE
Address	180 SERPENTINE WAY SOUTH
City-State-Zip:	ST. PETERSBURG FL 33712

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.

SIGNATURE: EDDIE JACKSON JR**PRESIDENT****04/10/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date