

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000007117

Entity Name: KAPPA PSI ORLANDO CHAPTER, INC.**Current Principal Place of Business:**6550 SANGER ROAD
420
ORLANDO, FL 32827**Current Mailing Address:**6550 SANGER ROAD
420
ORLANDO, FL 32827 US**FEI Number:** 27-2820279**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HACHEY, BRIANNA M
3865 FOREST CIRCLE
SAINT CLOUD, FL 34772 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:** BRIANNA HACHEY

01/22/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	HACHEY, BRIANNA M
Address	3865 FOREST CIRCLE
City-State-Zip:	SAINT CLOUD FL 34772

Title	VP
Name	COUSINS, KRISTEN
Address	6208 BRISTOL CHANNEL WAY
City-State-Zip:	ORLANDO FL 32829

Title	TREASURER
Name	TOLF, TRACY
Address	2709 AMSDEN ROAD
City-State-Zip:	WINTER PARK FL 32829

Title	SECRETARY
Name	SURAJBALI, DEVI
Address	10274 HARTFORD MAROON RD
City-State-Zip:	ORLANDO FL 32827

Title	DIRECTOR
Name	ROSE, RENEE
Address	1745 WATER ROCK 420
City-State-Zip:	APOPKA FL 32712

Title	DIRECTOR
Name	LESKO, LARRY
Address	6550 SANGER ROAD 420
City-State-Zip:	ORLANDO FL 32827

Title	DIRECTOR
Name	MARCELIN, HARRY P
Address	7529 GRANT COURT
City-State-Zip:	HOLLYWOOD FL 33024

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: BRIANNA HACHEY

PRESIDENT

01/22/2019

Electronic Signature of Signing Officer/Director Detail

Date