

**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

**FILED**  
**Jan 22, 2019**  
**Secretary of State**  
**6560880483CC**

**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