

2024 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:**KOVACS-WARNACK, ALEXIS
10461 SW 124 AVE
MIAMI, FL 33186 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:** ALEXIS KOVACS-WARNACK

03/11/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name KOVACS-WARNACK, ALEXIS
Address 10461 SW 124 AVE
City-State-Zip: MIAMI FL 33186

Title VP
Name MITCHELL, MORGAN
Address 7004 TAVISTOCK LAKES BLVD
 APT #403
City-State-Zip: ORLANDO FL 32827

Title DIRECTOR
Name DANG, LIEM
Address 312 N FOREST AVE
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name NGUYEN, JACQUELINE
Address 8106 WHISTLE WIND COURT
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR
Name BACCHUS, RAVI
Address 453 10TH PLACE
City-State-Zip: VERO BEACH FL 32960

Title SECRETARY
Name JONES, KAEALYN
Address 8443 ALVERON AVE
City-State-Zip: ORLANDO FL 32817

Title TREASURER
Name MAY, MICHAEL
Address 714 NEW YORK AVE
City-State-Zip: SAINT CLOUD FL 34769

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: ALEXIS KOVACS-WARNACK

PRESIDENT

03/11/2024

Electronic Signature of Signing Officer/Director Detail

Date