

2015 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:**LITTLEJOHN, BRIAN
5996 BENT PINE DRIVE
3302
ORLANDO, FL 32822 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:** BRIAN LITTLEJOHN

02/23/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name LITTLEJOHN, BRIAN
Address 5996 BENT PINE DRIVE
 3302
City-State-Zip: ORLANDO FL 32822

Title TREASURER
Name CONN, TRANG
Address 7075 GREEN NEEDLE DRIVE
City-State-Zip: WINTER PARK FL 32792

Title DIRECTOR
Name ROSE, RENEE
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

Title VP
Name HIBBARD, AMY
Address 431 TOPEKA RD. SW
City-State-Zip: PALM BAY FL 32908

Title SECRETARY
Name ASHRAF, NEMAT
Address 1125 NICKI RIDGE CT
City-State-Zip: KISSIMMEE FL 34747

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

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: BRIAN LITTLEJOHN

PRESIDENT

02/23/2015

Electronic Signature of Signing Officer/Director Detail

Date