

**2021 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:**SATCHFIELD, SABRINA  
11121 CYPRESS LEAF DRIVE  
ORLANDO, FL 32825 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:** SABRINA SATCHFIELD

02/22/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SATCHFIELD, SABRINA  
Address        11121 CYPRESS LEAF DRIVE  
City-State-Zip: ORLANDO FL 32825

Title            VP  
Name            BORAH, LYDIA  
Address        343 KANTOR BLVD  
City-State-Zip: CASSELBERRY FL 32707

Title            TREASURER  
Name            DOENGES, MATTHEW R  
Address        1740 N. SHORE TERRACE  
                 UNIT A  
City-State-Zip: ORLANDO FL 32804

Title            SECRETARY  
Name            KOVACS, ALEXIS  
Address        7225 CROSSROADS GARDEN DR.  
                 APT #4425  
City-State-Zip: ORLANDO FL 32821

Title            DIRECTOR  
Name            DO, TIMMY  
Address        5117 FENWOOD LN  
City-State-Zip: ORLANDO FL 32814

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

*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:** SABRINA SATCHFIELD

PRESIDENT

02/22/2021

Electronic Signature of Signing Officer/Director Detail

Date