

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000087

Entity Name: JACKSONVILLE ALUMNI CHAPTER OF KAPPA ALPHA PSI
GUIDE RIGHT SCHLORSHIP & DEVELOPMENT FOUNDATION, INC.**FILED**
Mar 23, 2015
Secretary of State
CC9464842985**Current Principal Place of Business:**3717 WEST MONCRIEF RD WEST
JACKSONVILLE, FL 32209**Current Mailing Address:**POST OFFICE BOX 40625
JACKSONVILLE, FL 32203**FEI Number: 59-3503848****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**PARKER, CURTIS E SR.
12661 MUIRFILED BLVD. NORTH
JACKSONVILLE, FL 32225 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:** CURTIS E. PARKER, SR.**03/23/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CHAIRMAN
Name	MILLER, HERMAN JR
Address	7636 CATHEDRAL OAKS PL SOUTH
City-State-Zip:	JACKSONVILLE FL 32217

Title	DIRECTOR
Name	GAMBLE, DENNIS
Address	4564 RIVER TRAIL ROAD
City-State-Zip:	JACKSONVILLE FL 32277

Title	VC
Name	CODY, WILLIAM L
Address	10240 HEATHER GLEN DRIVE
City-State-Zip:	JACKSONVILLE FL 32256

Title	TREASURER
Name	PARKER, CURTIS SR.
Address	12661 N. MUIRFIELD BLVD
City-State-Zip:	JACKSONVILLE FL 32225

Title	DIRECTOR
Name	FERGUSON, CLEVELAND
Address	12267 HAWKSTOWE LANE
City-State-Zip:	JACKSONVILLE FL 32225

Title	DIRECTOR
Name	MCCAULEY, RONALD
Address	3264 RACQUET CT
City-State-Zip:	JACKSONVILLE FL 32277

Title	EXECUTIVE DIRECTOR
Name	BURRELL, JOHN F
Address	12311 KENSINGTON LAKES DRIVE UNIT # 2706
City-State-Zip:	JACKSONVILLE, FL 32224

Title	EXECUTIVE SECRETARY
Name	LUSTER, REGINALD
Address	3017 SOUTHERN HILLS CIRCLE WEST
City-State-Zip:	JACKSONVILLE FL 32225

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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: CURTIS E. PARKER, SR**TREASURER****03/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MALPRESS, CHARLES H JR.
Address 4828 FOXBORO ROAD
City-State-Zip: JACKSONVILLE FL 32208

Title DIRECTOR
Name NORWOOD, MEL C II
Address 400 EAST BAY STREET
SUITE 2002
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name LUNDY, MARIO
Address 3589 HARTSFIELD FOREST CIRCLE
City-State-Zip: JACKSONVILLE FL 32277

Title DIRECTOR
Name CODY, BETTY
Address 10240 HEATHER GLEN DRIVE
City-State-Zip: JACKSONVILLE, FL 32256

Title DIRECTOR
Name CUNNINGHAM, THOMAS L
Address 144 PINEHURST POINTE DRIVE
City-State-Zip: SAINT AUGUSTINE FL 32092