

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000003311

**FILED**  
**Apr 23, 2018**  
**Secretary of State**  
**CC3475749967**

**Entity Name:** THE ORLANDO ALUNI CHAPTER OF KAPPA ALPHA PSI FRATERNITY, INC.

**Current Principal Place of Business:**

4151 SADDLEWOOD DRIVE  
ORLANDO, FL 32818

**Current Mailing Address:**

P.O. BOX 555088  
ORLANDO, FL 32855-5088 US

**FEI Number: 59-3611545**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CAMPBELL, MARION LEON SR  
4151 SADDLEWOOD DRIVE  
ORLANDO, FL 32818 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: MARION L. CAMPBELL**

**04/23/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BELL, D'ANGELO SR.  
Address        POST OFFICE BOX 555088  
City-State-Zip: ORLANDO FL 32855-5088

Title            SECRETARY  
Name            DELFOSSSE, RICHARDO . SR.  
Address        P. O. BOX 555088  
City-State-Zip: ORLANDO FL 32855

Title            ASST. TREASURER  
Name            STEPHENS, NATHANIEL JR.  
Address        P.O. BOX 555088  
City-State-Zip: ORLANDO FL 32855-5088

Title            DICECTOR  
Name            BELL, LONNIE C. SR.  
Address        P. O. BOX 555088  
City-State-Zip: ORLANDO FL 32855-5088

Title            TREASURER  
Name            POOLE, MARVIN SR.  
Address        P. O. BOX 555088  
City-State-Zip: ORLANDO FL 32855-5088

Title            DIRECTOR  
Name            CAMPBELL, MARION LEON SR.  
Address        P.O. BOX 555088  
City-State-Zip: ORLANDO FL 32855-5055

*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: NATHANIEL STEPHENS**

**ASSIST. TREASURER**

**04/23/2018**

Electronic Signature of Signing Officer/Director Detail

Date