


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90414 024 ****61.25

DOCUMENT # N00000004323 1. Entity Name KAPPA UPSILON CHARITABLE FOUNDATION, INC.					
Principal Place of Business 5068 PONDEROSA LANE WEST PALM BEACH, FL 33415			Mailing Address P. O. BOX 2854 W. PALM BCH, FL 33402		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0640428	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MONTGOMERY, THOMAS ESQ. 1 SE AVE. EAST BELLE GLADE, FL 33430				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREENE, RUSSELL J <input checked="" type="checkbox"/> Delete 5068 PONDEROSA LANE WEST PALM BEACH, FL 33415				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUDNELL, CHARLIE <input type="checkbox"/> Delete 1203 WESTCHESTER DRIVE EAST WEST PALM BEACH, FL 33417				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLENDER, LARRY <input type="checkbox"/> Delete 102 CHURCHILL DRIVE ROYAL PALM BEACH, FL 33411				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
PD FALANA, CHARLES A. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8039 VIA HACIENDA PALM BEACH GARDENS, FL 33418					
SMITH, ULYSSES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3940 AUSTRALIAN COURT VO WEST PALM BEACH, FL 33407					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Charlie B Hudnell</i> CHARLIE B HUDNELL 4/19/07 561-707-8773 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR					