

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

**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**



01132008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0640428</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MONTGOMERY, THOMAS ESQ.  
1 SE AVE. EAST  
BELLE GLADE, FL 33430**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$81.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	FALANA, CHARLES A
STREET ADDRESS	8039 VIA HACIENDA
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418

TITLE	TD
NAME	HUDNELL, CHARLIE
STREET ADDRESS	1203 WESTCHESTER DRIVE EAST
CITY-ST-ZIP	WEST PALM BEACH, FL 33417

TITLE	SD
NAME	MILLENDER, LARRY
STREET ADDRESS	102 CHURCHILL DRIVE
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411

TITLE	VD
NAME	SMITH, ULYSSES
STREET ADDRESS	3940 AUSTRALIAN COURT
CITY-ST-ZIP	WEST PALM BEACH, FL 33407

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #