

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004323

FILED
Feb 08, 2009
Secretary of State

Entity Name: KAPPA UPSILON CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

5068 PONDEROSA LANE
WEST PALM BEACH, FL 33415

New Principal Place of Business:

3230 COMMERCE PLACE
SUITE #A
WEST PALM BEACH, FL 33407

Current Mailing Address:

P. O. BOX 2854
W. PALM BCH, FL 33402

New Mailing Address:

FEI Number: 65-0640428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FALANA, CHARLES A
Address: 8039 VIA HACIENDA
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: TD () Delete
Name: HUDNELL, CHARLIE
Address: 1203 WESTCHESTER DRIVE EAST
City-St-Zip: WEST PALM BEACH, FL 33417

Title: SD () Delete
Name: MILLENDER, LARRY
Address: 102 CHURCHILL DRIVE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VD () Delete
Name: SMITH, ULYSSES
Address: 3940 AUSTRALIAN COURT
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ANTHONY, CLARENCE
Address: 3220 COMMERCE PLACE #A
City-St-Zip: WEST PALM BEACH, FL 33407

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CLARENCE ANTHONY

PD

02/08/2009

Electronic Signature of Signing Officer or Director

Date