2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# N00000007606

Entity Name: KAPPA ALPHA PSI GUIDE RIGHT FOUNDATION OF TALLAHASSEE, INC.

Current Principal Place of Business:

2047 SUMMER LANE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

PO BOX 12774
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-3675137 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WOOLFORK, ROBERT A ESQ
317 E. PARK AVE.
TALLAHASSEE, FL 32301 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: DP ( ) Delete
Name: SEAMON, FRED
Address: 1122 SEMINOLE DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: DVP ( ) Delete
Name: GRAYSON, JOHN
Address: 2143 DORAL DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: DS ( ) Delete
Name: HAMILTON, JOHN
Address: 3448 GENTLE WIND WAY
City-St-Zip: TALLAHASSEE, FL 32311

Title: D ( ) Delete
Name: CUMMINGS, CORNELL
Address: 1682 JAYDELL CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: T ( ) Delete
Name: SMITH, REGINALD A
Address: 5427 APPLEDORE LANE
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JOHN M. GRAYSON DVP 05/04/2009
Electronic Signature of Signing Officer or Director — Date