

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007606

FILED
Apr 28, 2010
Secretary of State

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 20956
TALLAHASSEE, FL 32316

New Mailing Address:

FEI Number: 59-3675137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: P
Name: LANE, ERNEST J
Address: 1324 S. ADAMS STREET
City-St-Zip: TALLAHASSEE, FL 32301

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

Title: VP
Name: HAMILTON, JOHN
Address: 3448 GENTLE WIND WAY
City-St-Zip: TALLAHASSEE, FL 32311

Title: VP
Name: MOORE, MICHAEL R
Address: 2901 TYRON CIRCLE
City-St-Zip: TALLAHASSEE, FL 32309

Title: VP
Name: WOOLFORK, ROBERT A
Address: 6548 KINGMAN TRAIL
City-St-Zip: TALLAHASSEE, FL 32309

Title: S
Name: WEATHERSPOON, MARK H
Address: 5659 SIOUX DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

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: MARK H. WEATHERSPOON

S

04/28/2010

Electronic Signature of Signing Officer or Director

Date