2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000007606

FILED Apr 29, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

2047 SUMMER LANE TALLAHASSEE, FL 32301

Current Mailing Address: New Mailing Address:

PO BOX 20956 TALLAHASSEE, FL 32316

FEI Number: 59-3675137 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WOOLFORK, ROBERT A ESQ 317 E. PARK AVE. TALLAHASSEE, FL 32301 US

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: F

 Name:
 LANE, ERNEST J

 Address:
 1324 S. ADAMS STREET

 City-St-Zip:
 TALLAHASSEE, FL 32301

Title:

Name: FARMER, KELVIN D
Address: 6317 DUCK CALL COURT
City-St-Zip: TALLAHASSEE, FL 32309

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:
 WATSON, JARROD N

 Address:
 275 JOHN KNOX ROAD

 City-St-Zip:
 TALLAHASSEE, FL 32303

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: JOHN M. GRAYSON D 04/29/2011