

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 06, 2003 8:00 am**  
**Secretary of State**

08-06-2003 90056 030 \*\*\*\*61.25

DOCUMENT # *NO1000006348*

1. Entity Name  
*KAPPA ALPHA PSI SCHOLARSHIP AND COMMUNITY DEVELOPMENT FOUNDATION OF WEST PALM BEACH, INC.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*321 W. 30th STREET*

3. Mailing Address  
*SAME*

DO NOT WRITE IN THIS SPACE

City & State  
*RIVIERA BEACH, FL*

City & State

4. FEI Number  
*65-1118541*

Applied For  
Not Applicable

Zip  
*33404*

Country  
*USA*

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
*Kevin Anderson*

Street Address (P.O. Box Number is Not Acceptable)  
*301 Clematis St, Suite 3000*

City  
*WEST PALM BEACH*

FL Zip Code  
*33401*

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]*

REGISTERED AGENT

8-3-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*P  
Iles, Kerna H  
321 W 30th St  
Riviera Beach, FL 33404*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*V  
Henderson, Anthony  
406 Rich Dr  
West Palm Beach, FL 33406*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*S  
Sammie Osborn  
219 Superior Pl  
West Palm Beach, FL 33409*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*D  
White, Marlon  
7247 Crystal Lake Dr  
West Palm Beach, FL 33411*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*D  
Christie, Rick  
103 Fernwood Crescent  
Royal Palm Beach, FL 33411*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*D  
Whigham, Julius  
1602 W 36th St  
Riviera Beach, FL 33404*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* KERNAA H ILES

8/03/03 (561) 842-4662

CR2E037B (12/02)