


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 22, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N03000006477	
1. Entity Name KAPPA ALPHA PSI GUIDERIGHT DEVELOPMENT FOUNDATION OF DAYTONA, INC.	

Principal Place of Business 801 SOUTH KOTTLE CIRCLE DAYTONA BEACH, FL 32114	Mailing Address 801 SOUTH KOTTLE CIRCLE DAYTONA BEACH, FL 32114
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07202005 No Chg-NP CR2E037 (10/03)

4. FEI Number 56-2381235	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  BRYANT, CHARLES J 581 1/2 NORTH VOLUISA AVENUE PIERSON, FL 32180
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, EDWARD JR 801 SO. KOTTLE CIRCLE DAYTONA BEACH, FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, CHARLES J POST OFFICE BOX 374 PIERSON, FL 32180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, LARRY 18 NEDDLES LANE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, WILLIAM 28 PARK PLACE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME 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)(f), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Charles J Bryant*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/05  
Date

Daytime Phone #