

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 22, 2006 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**



05172006 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**56-2381235**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BRYANT, CHARLES J  
581 1/2 NORTH VOLUISA AVENUE  
PIERSON, FL 32180**

**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

*Charles J. Bryant*

**CHARLES J. BRYANT, TREASURER**

**5/17/06**

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

(NOTE: Registered Agent signature required when re-stating)

DATE

**Filing Fee is \$61.25  
Due by September 6, 2006**

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

U00000565823  
05/22/06-80015-004 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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*  
**CHARLES J. BRYANT**

**5/17/06**

Date

Daytime Phone #