

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000082

FILED
Apr 28, 2006
Secretary of State

Entity Name: KAPPA COMMUNITY ENRICHMENT FOUNDATION, INC.

Current Principal Place of Business:

1604 CAMPBELL DR W
FT WALTON BCH, FL 325471040

New Principal Place of Business:

P.O. BOX 112
FT WALTON BCH, FL 325490112

Current Mailing Address:

1604 CAMPBELL DR W
FT WALTON BCH, FL 325471040

New Mailing Address:

P. O. BOX 112
FT WALTON BCH, FL 325490112 US

FEI Number: 68-0577852

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JACKSON, PHILLIP E
1604 CAMPBELL DR W
FT WALTON BCH, FL 325471040 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: D/P () Delete
Name: JACKSON, PHILLIP E P
Address: 1604 CAMPBELL DR W
City-St-Zip: FT WALTON BCH, FL 325471040

Title: D () Delete
Name: WALKER, TOMMYE L
Address: 820 LAUREL DR
City-St-Zip: FT WALTON BCH, FL 32548

Title: D () Delete
Name: GOODEN, SR., CLARENCE E DR.
Address: 902 ALOMA FAYE LANE
City-St-Zip: FT WALTON BCH, FL 32547

Title: D () Delete
Name: MORRIS, KARL A
Address: 2004 ARGYLL CT
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PHILLIP E. JACKSON

D/P

04/28/2006

Electronic Signature of Signing Officer or Director

Date