

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90080 013 \*\*\*\*61.25

**DOCUMENT # N04000005450**

1. Entity Name  
**KAPPA ALPHA PSI GUIDE RIGHT FOUNDATION OF ST. PETERSBURG, INC**



Principal Place of Business  
**1843 53 CIR S  
ST PETERSBURG, FL 33712**

Mailing Address  
**P.O. BOX 12066  
ST PETERSBURG, FL 33733-2066**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03292006

Chg-NP

CR2E037 (11/05)

4. FEI Number  
**56-2473863**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CUTLIFF, YATE K  
501 1 AVE N STE 507  
ST PETERSBURG, FL 33701**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **TELLIS, JEROME**  
CITY-ST-ZIP **1843 53 CIR S  
ST PETERSBURG, FL 33712**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **KEYS, LASHANTE**  
CITY-ST-ZIP **701 58 AVE S  
ST PETERSBURG, FL 33705**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **COLQUITT, CHARLIE**  
CITY-ST-ZIP **1820 SERPENTINE DR S  
ST PETERSBURG, FL 33712**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **S**  
STREET ADDRESS **KING, BERNARD JR**  
CITY-ST-ZIP **1345 24 ST S  
ST PETERSBURG, FL 33712**

TITLE ☒ Change ☐ Addition  
NAME **S**  
STREET ADDRESS **Toma Stubby**  
CITY-ST-ZIP **1620 58th AVE So. #5  
St Petersburg FL 33712**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **STOKES, ROBERT**  
CITY-ST-ZIP **4020 40TH CIRCLE S  
SAINT PETERSBURG, FL 33711**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **GORDON, KEVIN**  
CITY-ST-ZIP **3011 59TH AVE S  
SAINT PETERSBURG, FL 33712**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/28/6**

**727 8675693**

Date

Daytime Phone #