

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 07, 2011
Secretary of State

Entity Name: KAPPA ALPHA PSI GUIDERIGHT FOUNDATION OF LAKELAND, INC

Current Principal Place of Business:

1015 GOLFVIEW AVE
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

1015 GOLFVIEW AVE
BARTOW, FL 33830

New Mailing Address:

FEI Number: 35-2358450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, HARRY R
1015 GOLFVIEW AVE
BARTOW, FL 33830 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
Name: WILLIAMS-POLEMARCH, DERON
Address: 1540 CAROLINE COURT
City-St-Zip: BARTOW, FL 33830

Title: D
Name: YOUNG, TROY
Address: 2847 STONEWOOD CIRCLE
City-St-Zip: LAKELAND, FL 33810

Title: D
Name: MCGILL, EMMANUEL
Address: 711 SMITH ROAD
City-St-Zip: POLK CITY, FL 33868

Title: D
Name: JOHNSON, ULYSSES J
Address: 560 NE LAKE MAUDE DRIVE
City-St-Zip: WINTER HAVEN, FL 33881

Title: D
Name: WILLIAMS, HARRY R
Address: 1015 GOLFVIEW AVE
City-St-Zip: BARTOW, FL 33830

I hereby 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 all other like empowered.

SIGNATURE: HARRY R WILLIAMS

D

04/07/2011

Electronic Signature of Signing Officer or Director

Date