

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000087

FILED
Apr 13, 2007
Secretary of State

Entity Name: JACKSONVILLE ALUMNI CHAPTER OF KAPPA ALPHA PSI GUIDE RIGHT SCHLORSHIP & DEVELOPMENT FOUNDATION, INC.

Current Principal Place of Business:

3717 WEST MONCRIEF RD WEST
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 40625
JACKSONVILLE, FL 32203

New Mailing Address:

FEI Number: 59-3503848 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GAMBLE, DENNIS
4564 RIVER TRAIL ROAD
JACKSONVILLE, FL 32277 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: DP () Delete
Name: JONES, DR. CARLTON
Address: 429 ROYAL TERN RD., S
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: DP () Delete
Name: GAMBLE, DENNIS
Address: 4564 RIVER TRAIL ROAD
City-St-Zip: JACKSONVILLE, FL 32277

Title: DV () Delete
Name: MILLER, HERMAN JR
Address: 7636 CATHEDRAL OAKS PL SOUTH
City-St-Zip: JACKSONVILLE, FL 32217

Title: DS () Delete
Name: FERGUSON, CLEVELAND
Address: 12267 HAWKSTOWE LANE
City-St-Zip: JACKSONVILLE, FL 32225

Title: DVT () Delete
Name: COWAN, WILLIE
Address: 260 E. 25TH STREET
City-St-Zip: JACKSONVILLE, FL 32206

Title: D () Delete
Name: MCCAULEY, RONALD
Address: 3264 RACQUET CT
City-St-Zip: JACKSONVILLE, FL 32277

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:

Title: DVT (X) Change () Addition
Name: CUNNINGHAM, THOMAS
Address: 3717 MONCRIEF ROAD WEST
City-St-Zip: JACKSONVILLE, FL 32209

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: CLEVELAND FERGUSON III

DS

04/13/2007

Electronic Signature of Signing Officer or Director

Date