

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000846

FILED  
Feb 11, 2009  
Secretary of State

**Entity Name:** SARASOTA/BRADENTON KAPPA ALPHA PSI - PROJECT GUIDE RIGHT, INC.

**Current Principal Place of Business:**

3925 TRENTWOOD PLACE  
SARASOTA, FL 34243

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 573  
TALLEVAST, FL 34270

**New Mailing Address:**

**FEI Number:** 65-0910261      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MOBLEY, ALPHONZA  
3925 TRENTWOOD PLACE  
SARASOTA, FL 34243      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: P ( ) Delete  
Name: MOBLEY, ALFONZA  
Address: 3925 TRENTWOOD PLACE  
City-St-Zip: SARASOTA, FL 34243

Title: VP ( ) Delete  
Name: LEWIS, STEVE  
Address: 101 11TH AVENUE EAST  
City-St-Zip: BRADENTON, FL 34208

Title: S ( ) Delete  
Name: DAWKINS, TIM  
Address: 1668 17TH STREET  
City-St-Zip: SARASOTA, FL 34234

Title: T ( ) Delete  
Name: LEAKS, CURTIS  
Address: PO BOX 727  
City-St-Zip: BRADENTON, FL 34206

Title: BOD ( ) Delete  
Name: EDWARDS, OMAR  
Address: 3610 4TH AVENUE NE  
City-St-Zip: BRADENTON, FL 34208

Title: BOD ( ) Delete  
Name: HENRY, AARON  
Address: 4992 CREEKSIDE TRAIL  
City-St-Zip: SARASOTA, FL 34243

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: LEWIS, STEVE  
Address: 3320 38TH TERRACE EAST  
City-St-Zip: BRADENTON, FL 34208

Title: S (X) Change ( ) Addition  
Name: DAWKINS, TIM  
Address: 6808 46TH TERRECE EAST  
City-St-Zip: BRADENTON, FL 34208

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 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: ALFONZA MOBLEY

P

02/11/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date