

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003074

FILED
Mar 22, 2005
Secretary of State

Entity Name: KAPPA HEXATON SCHOLARSHIP FOUNDATION, INC.

Current Principal Place of Business:

48 E. MAIN STREET
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

48 E. MAIN STREET
APOPKA, FL 32703

New Mailing Address:

FEI Number: 59-2482494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLEOD, RAYMOND A
48 E. MAIN STREET
APOPKA, FL 32703 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 () Delete
Name: KRATZKE, DAVID
Address: 391 TWELVE OAKS DR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: DP () Delete
Name: STUBBS, DARALD
Address: 940 DOUGLAS AVE #177
City-St-Zip: ALTAMONTE SPRINGS, FL 327142

Title: DVP () Delete
Name: KEVIN, KERR
Address: PO BOX 7211
City-St-Zip: CLEMSON, SC 29632

Title: DT () Delete
Name: STEWART, JAMES M
Address: 812 CARDINAL AVE
City-St-Zip: PALM HARBOR, FL 34683

Title: DS () Delete
Name: KEVIN, MAFFETT
Address: 1015 MERIEN COURT
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: TODD, DUBOSQ
Address: 9430 LAKE DOUGLAS PLACE
City-St-Zip: ORLANDO, FL 32817

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: () 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 Section 119.07(3)(i), 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: RAYMOND A. MCLEOD

SEC

03/22/2005

Electronic Signature of Signing Officer or Director

Date