

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003074

FILED
Feb 10, 2007
Secretary of State

Entity Name: KAPPA HEXATON SCHOLARSHIP FOUNDATION, INC.

Current Principal Place of Business:

48 EAST MAIN STREET
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

48 EAST 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 EAST 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: P/D () Delete
Name: STUBBS, DARALD
Address: 612 LONGMEADOW CIRCLE
City-St-Zip: LONGWOOD, FL 32779

Title: D/S () Delete
Name: MCLEOD, RAYMOND A
Address: 48 EAST MAIN STREET
City-St-Zip: APOPKA, FL 32703

Title: D/S () Delete
Name: HAMILTON, SEAN
Address: 3122 SW 15TH COURT
City-St-Zip: FORT LAUDERDALE, FL

Title: D () Delete
Name: RASP, JOHN
Address: 504 WEST UNIVERSITY AVENUE
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D/T (X) Change () Addition
Name: HAMILTON, SEAN
Address: 3122 SW 15TH COURT
City-St-Zip: FORT LAUDERDALE, FL

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: RAYMOND A. MCLEOD

D/S

02/10/2007

Electronic Signature of Signing Officer or Director

Date