2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

Current Principal Place of Business:

1015 GOLFVIEW AVE
BARTOW, FL 33830

Current Mailing Address:

1015 GOLFVIEW AVE
P O BOX 1092
BARTOW, FL 33831 US

FEI Number: 35-2358450

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, HARRY R
1015 GOLFVIEW AVE
BARTOW, FL 33830 US

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

Officer/Director Detail :

Title	D
Name	WILLIAMS-POLEMARCH, DERON
Address	1540 CAROLINE COURT
City-State-Zip:	BARTOW FL 33830

Title	D
Name	HALL, DERRIK
Address	1659 TURTLE ROCK DR
City-State-Zip:	LAKELAND FL

Title	D
Name	WILCHER, EDDIE
Address	16 SW 6TH STREET
City-State-Zip:	FT MEADE FL 33868

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

Title	D
Name	WILLIAMS, HARRY R
Address	1015 GOLFVIEW AVE
City-State-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 DIR 03/06/2016

Electronic Signature of Signing Officer/Director Detail — Date