

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002107

Entity Name: KAPPA ALPHA PSI GUIDERIGHT FOUNDATION OF LAKE LAND, INC**FILED**
Feb 03, 2024
Secretary of State
4660152067CC**Current Principal Place of Business:**1015 GOLFFVIEW AVE
BARTOW, FL 33830**Current Mailing Address:**P.O.BOX 1911
LAKE LAND, FL 33802 US**FEI Number:** 35-2358450**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KINSEY, SHAWN WILLIAM
2702 ROCHELLE DRIVE
WINTER HAVEN, FL 33881 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:** SHAWN KINSEY

02/03/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	KINSEY, SHAWN WILLIAM
Address	2702 ROCHELLE DRIVE
City-State-Zip:	WINTER HAVEN FL 33881

Title	TREASURER
Name	LEWIS, HAROLD
Address	3647 PRESCOTT LOOP
City-State-Zip:	LAKE LAND FL 33810

Title	VP
Name	WILLIAMS, DERON
Address	1540 CAROLINE COURT
City-State-Zip:	WINTER HAVEN FL 33881

Title	SECRETARY
Name	HOGGINS, EDDIE
Address	1959 SAWFISH DR
City-State-Zip:	KISSIMMEE FL 34759

Title	DIRECTOR
Name	WILLIAMS, DERON
Address	1540 CAROLINE COURT
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: SHAWN WILLIAM KINSEY

PRESIDENT

02/03/2024

Electronic Signature of Signing Officer/Director Detail

Date