

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002107

Entity Name: KAPPA ALPHA PSI GUIDERIGHT FOUNDATION OF LAKE LAND, INC**FILED**
Feb 27, 2021
Secretary of State
2111901507CC**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 PRESIDENT
Name WILSON, GEORGE
Address 3579 JIM KASEY S
City-State-Zip: LAKELAND FL 33812Title TREASURER
Name JORDAN, TYLER
Address 6870 SHIMMERING DR.
City-State-Zip: LAKELAND FL 33813Title SECRETARY
Name KINSEY, SHAWN
Address 2702 ROCHELLE DR
City-State-Zip: WINTER HAVEN FL 33881Title DIRECTOR
Name WILLIAMS, HARRY R
Address 1015 GOLFVIEW AVE
City-State-Zip: BARTOW FL 33830Title DIRECTOR
Name WILLIAMS, DERON
Address 1540 CAROLINE COURT
City-State-Zip: BARTOW FL 33830Title VP
Name ROBERTS, RONALD
Address 204 GOLF COURSE PKWY
City-State-Zip: DAVENPORT FL 33837

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**DIRECTOR****02/27/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date