

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003311

FILED
Apr 28, 2020
Secretary of State
2256583363CC

Entity Name: THE ORLANDO ALUNI CHAPTER OF KAPPA ALPHA PSI FRATERNITY, INC.

Current Principal Place of Business:

832 COURTLAND STREET
ORLANDO, FL 32804

Current Mailing Address:

P.O. BOX 555088
ORLANDO, FL 32855-5088 US

FEI Number: 59-3611545

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAMPBELL, MARION LEON SR
4151 SADDLEWOOD DRIVE
ORLANDO, FL 32818 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: MARION L. CAMPBELL

04/28/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BELL, D'ANGELO SR.
Address POST OFFICE BOX 555088
City-State-Zip: ORLANDO FL 32855-5088

Title SECRETARY
Name RIGGINS, MARCUS . SR.
Address P. O. BOX 555088
City-State-Zip: ORLANDO FL 32855

Title ASST. TREASURER
Name ALLEN, RICHARD
Address P.O. BOX 555088
City-State-Zip: ORLANDO FL 32855-5088

Title DICECTOR
Name BELL, LONNIE C. SR.
Address P. O. BOX 555088
City-State-Zip: ORLANDO FL 32855-5088

Title TREASURER
Name POOLE, MARVIN SR.
Address P. O. BOX 555088
City-State-Zip: ORLANDO FL 32855-5088

Title DIRECTOR
Name CAMPBELL, MARION LEON SR.
Address P.O. BOX 555088
City-State-Zip: ORLANDO FL 32855-5055

Title DIRECTOR
Name STEPHENS, NATHANIEL SR.
Address 7815 WESTMINSTER ABBEY BLVD.
City-State-Zip: ORLANDO FL 32835

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: NATHANIEL STEPHENS

DIRECTOR

04/28/2020

Electronic Signature of Signing Officer/Director Detail

Date