2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# 770969

Entity Name: LAMBDA SOUTH, INC.

Current Principal Place of Business:

1231-A EAST LOS OLAS BLVD.
FT. LAUDERDALE, FL 33303

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 030339
FT. LAUDERDALE, FL 333030339

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLEMENTS, WILLIAM R
4670 NE 4TH AVE
OAKLAND PARK, FL 33334 US

Name and Address of New Registered Agent:

HINZ, JON E
905 NE 28TH STREET
#208
WILTON MANORS, FL 33334 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: JON E. HINZ 02/26/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CLEMENTS, WILLIAM R
Address: 4670 NE 4TH AVE
City-St-Zip: OAKLAND PARK, FL 33334

Title: TD ( ) Delete
Name: CICCONE, BOB
Address: 321 SW 22ND STREET
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: S ( ) Delete
Name: SCHENK, DAVID
Address: 1419 NE 4 PLACE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: VP ( ) Delete
Name: KNAPP, JOE
Address: P.O. BOX 2307
City-St-Zip: FORT LAUDERDALE, FL 33303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KNAPP, JOE
Address: PO BOX 2307
City-St-Zip: FORT LAUDERDALE, FL 33303

Title: TD (X) Change ( ) Addition
Name: HINZ, JON E
Address: 905 NE 28TH STREET #208
City-St-Zip: WILTON MANORS, FL 33334

Title: S (X) Change ( ) Addition
Name: LEONARD, CRAIG H
Address: 359 CITY VIEW DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: VP (X) Change ( ) Addition
Name: ROBBINS, KURT W
Address: 1650 NE 26 STREET SUITE 206
City-St-Zip: WILTON MANORS, FL 33305

I hereby certify that the information supplied with this filing does not qualify 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: JON E. HINZ TD 02/26/2009
Electronic Signature of Signing Officer or Director Date