


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 770186 1. Entity Name FLORIDA DELTA CHAPTER OF PI LAMBDA PHI FRATERNITY, INC.	
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Principal Place of Business 500 E. UNIVERSITY AVE., SUITE A P O DRAWER 2759 GAINESVILLE, FL 32602-9759	Mailing Address 500 E. UNIVERSITY AVE., SUITE A P O DRAWER 2759 GAINESVILLE, FL 32602-9759
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03222007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0634168	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SALZMAN, ANTHONY J. 500 E. UNIVERSITY AVE., SUITE A GAINESVILLE, FL 32602-9759

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SALZMAN, ANTHONY J. 5720 NW 64 TERRACE GAINESVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MULLAHEY, BRIAN 14715 LAKE FOREST DR. LUTZ, FL 33559
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DOBIES, ANTHONY 6067 BAY LAKE DR ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HANSE, NICHOLAS 545 15TH AVE. NE SAINT PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BUHLER, JEFF 1912 LOCHBERRY RD. WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KREHBIEL, JOSH 1015 NW 21ST AVE., #538 GAINESVILLE, FL 32609

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04/03/07-80055-021 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Anthony Salzman</u> / ANTHONY SALZMAN	Date: <u>3/23/07</u>	Daytime Phone #: <u>352-373-6791</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		