

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770186

FILED
Apr 12, 2009
Secretary of State

Entity Name: FLORIDA DELTA CHAPTER OF PI LAMBDA PHI FRATERNITY, INC.

Current Principal Place of Business:

500 E. UNIVERSITY AVE., SUITE A
P O DRAWER 2759
GAINESVILLE, FL 326029759

New Principal Place of Business:

Current Mailing Address:

500 E. UNIVERSITY AVE., SUITE A
P O DRAWER 2759
GAINESVILLE, FL 326029759

New Mailing Address:

FEI Number: 59-0634168

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALZMAN, ANTHONY J.
500 E. UNIVERSITY AVE., SUITE A
GAINESVILLE, FL 326029759 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: SALZMAN, ANTHONY J.
Address: 5720 NW 64 TERRACE
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: MULLAHEY, BRIAN
Address: 14715 LAKE FOREST DR.
City-St-Zip: LUTZ, FL 33559

Title: D () Delete
Name: DOBIES, ANTHONY
Address: 6067 BAY LAKE DR
City-St-Zip: ST PETERSBURG, FL

Title: D () Delete
Name: HANSE, NICHOLAS
Address: 545 15TH AVE. NE
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: PD () Delete
Name: BUHLER, JEFF
Address: 1912 LOCHBERRY RD.
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: KREHBIEL, JOSH
Address: 1015 NW 21ST AVE., #538
City-St-Zip: GAINESVILLE, FL 32609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LASH, ROB
Address: 500 EAST UNIVERSITY AV, SUITE A
City-St-Zip: GAINESVILLE, FL 32601

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: ANTHONY SALZMAN

ST

04/12/2009

Electronic Signature of Signing Officer or Director

Date