

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770186

FILED
Apr 08, 2011
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
Name: SALZMAN, ANTHONY
Address: 5720 NW 64 TERRACE
City-St-Zip: GAINESVILLE, FL 32653

Title: D
Name: MELGAREJO, RICHARD
Address: 1010 NORTH MAIN STREET
City-St-Zip: GAINESVILLE, FL 32601

Title: D
Name: SEYMOUR, MATTHEW
Address: 11624 PINELOCH LOOP
City-St-Zip: CLERMONT, FL 34711

Title: PD
Name: NASCIMENTO, JOE
Address: 2250 SW 3RD AVE, 4TH FLOOR
City-St-Zip: MIAMI, FL 33129

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

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: ANTHONY SALZMAN

S/T

04/08/2011

Electronic Signature of Signing Officer or Director

Date