

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 770186

**FILED**  
**Feb 17, 2012**  
**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: DST  
Name: MELGAREJO, RICHARD  
Address: 1717 NW 1ST AV  
City-St-Zip: GAINESVILLE, FL 32603

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

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: RICHARD MELGAREJO

DST

02/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date