

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002483

FILED
May 08, 2009
Secretary of State

Entity Name: UPSILON XI CHAPTER, INC.

Current Principal Place of Business:

1395 E. MAGNOLIA STREET
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 91492
LAKELAND, FL 33804

New Mailing Address:

FEI Number: 01-0676538 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LONGWORTH, LEO E
1395 E. MAGNOLIA STREET
BARTOW, FL 33830 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: BP () Delete
Name: WASHINGTON, BILLY D
Address: 529 LINCOLN AVE.
City-St-Zip: LAKE WALES, FL 33853

Title: VBVP () Delete
Name: CORBETT, JEROME K
Address: 1100 LOWRY AVE., UNIT 65
City-St-Zip: LAKELAND, FL 33801

Title: KRSS () Delete
Name: BROWN, DEXTER
Address: 6237 ASHLER DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: KFF () Delete
Name: JAMES, TIM
Address: 7464 HUNTERS GREENE CIR.
City-St-Zip: LAKELAND, FL 33810

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:

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: TIM JAMES

KFF

05/08/2009

Electronic Signature of Signing Officer or Director

Date