

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR 27 PM 1:50

DOCUMENT # N02000005302

1. Entity Name
LEGENDS OF DELTA LAMBDA, INC.



Principal Place of Business
5858 CENTRAL AVE.
ST. PETERSBURG, FL 33707

Mailing Address
PO BOX 41847
SAINT PETERSBURG, FL 33743-1847



03052004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
22-3857797

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEMBLER, BRENT
5858 CENTRAL AVE.
ST. PETERSBURG, FL 33707

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SEMBLER, BRENT
STREET ADDRESS 5858 CENTRAL AVE.
CITY-ST-ZIP ST. PETERSBURG, FL 33707 ☐ Delete

TITLE
NAME 500035732715 ☐ Change ☐ Addition
STREET ADDRESS 05/07/04--01015--022
CITY-ST-ZIP **70.00

TITLE VD
NAME MARKS, O. KEN JR.
STREET ADDRESS P. O. BOX 2336
CITY-ST-ZIP CLEARWATER, FL 33757 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME ROIX, SCOTT
STREET ADDRESS 7676 ARLIA WAY
CITY-ST-ZIP LARGO, FL 33777 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME RUSSELL, DOUGLAS W
STREET ADDRESS 106 E. COLLEGE AVE., SUITE 700
CITY-ST-ZIP TALLAHASSEE, FL 32301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME MILLER, R. ANDY
STREET ADDRESS P. O. BOX 1353
CITY-ST-ZIP TALLAHASSEE, FL 32302 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BRENT W. SEMBLER

4/20/04

727-384-6000