



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
05 APR 29 PM 5:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
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DO NOT WRITE IN THIS SPACE



04062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 22-3857797	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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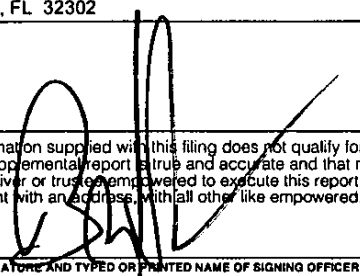
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEMBLER, BRENT 5858 CENTRAL AVE. ST. PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARKS, O. KEN JR. P. O. BOX 2336 CLEARWATER, FL 33757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROIX, SCOTT 7676 ARALIA WAY LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RUSSELL, DOUGLAS W 106 E. COLLEGE AVE., SUITE 700 TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, R. ANDY P. O. BOX 1353 TALLAHASSEE, FL 32302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE:  **4/19/05 727-384-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

BRENT W. SEMBLER, PRESIDENT