

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 27 PM 3:25

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



04052006 No Chg-NP CR2E037 (11/05)

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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

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

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IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400074324754
05/10/06--01006--014 **70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-06
Date

727-384-6000
Daytime Phone #