2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000005302

 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

APPHOVEL AND FILED

07 APR 27 AM 9:13

SECRETARY OF STATE TALLAHASSEE, FLORIDA





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03022007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 22-3857797 Applied For Not Applicable

5. Certificate of Status Desired

X

\$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.

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

(NOTE: Registered Agent signature required when reinstating

DATE

Filing Fee is \$61.25 Due by May 1, 2007 Election Campaign Financing Trust Fund Contribution. \$5.00 May 85

l	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		A
ĺ	12. Thereby certify that the information supplied with this tilke does not qualify for the ex		

DO:NOT WRITE:::
IN:THIS SPACE:::

12. I hereby certify that the information supplied with this file 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-07

727-384-6000

Daytime Phone #