

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000005302

1. Entity Name
LEGENDS OF DELTA LAMBDA, INC.



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

Mailing Address
PO BOX 41847
ST PETERSBURG, FL 33743-1847 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02282008 Chg-NP CR2E037 (12/06)

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 W
5858 CENTRAL AVE
ST PETERSBURG, FL 33707

BWL

7. Name and Address of New Registered Agent

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, 2008

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME 600127543418
STREET ADDRESS 05/01/08--01001--017 **70.00
CITY-ST-ZIP

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

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

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

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

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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BRENT W. SEMBLER

FILED

08 APR 30 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

