

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001294

FILED  
Apr 28, 2005  
Secretary of State

**Entity Name:** MU ZETA LAMBDA CHAPTER ALPHA PHI ALPHA FRATERNITY, INC.

**Current Principal Place of Business:**

229 NORTH FLORIDA AVENUE  
LAKELAND, FL 338014901

**New Principal Place of Business:**

**Current Mailing Address:**

229 NORTH FLORIDA AVENUE  
LAKELAND, FL 338014901

**New Mailing Address:**

**FEI Number:** 59-2735690

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLOYD, DONZELL R  
2447 MARY JEWETT CIRCLE  
WINTER HAVEN, FL 338811725 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KIRKLAND, ALBERT JR.  
Address: 1405 MEADOW DR. N.E.  
City-St-Zip: WINTER HAVEN, FL 33881

Title: VD ( ) Delete  
Name: JOHNSON, KENYO  
Address: 740 PINEVILLE LANE  
City-St-Zip: LAKELAND, FL 33810

Title: SD ( ) Delete  
Name: BARNES, RANDOLPH  
Address: 906 HAMMOCK SHADES DR.  
City-St-Zip: LAKELAND, FL 33809

Title: SD ( ) Delete  
Name: FLOYD, DONZELL  
Address: 2447 MARY JEWETT CIRCLE  
City-St-Zip: WINTER HAVEN, FL 338811725

Title: SD ( ) Delete  
Name: WALKER, PHILLIP  
Address: 5705 LAKE LUTHER ROAD  
City-St-Zip: LAKELAND, FL 33809

Title: TD ( ) Delete  
Name: FIELDS, GOW  
Address: 1015 W. 13TH STREET  
City-St-Zip: LAKELAND, FL 338052605

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: SILAS, HAROLD  
Address: 2289 CRYSTAL VIEW CT.  
City-St-Zip: LAKELAND, FL 33801

Title: VD (X) Change ( ) Addition  
Name: HUTCHERSON, REGINALD  
Address: 3350 STATE ROAD 60 E  
City-St-Zip: BARTOW, FL 33830

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GOW B. FIELDS

TD

04/28/2005

Electronic Signature of Signing Officer or Director

Date