

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001294

FILED
Apr 30, 2007
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: SILAS, HAROLD
Address: 2289 CRYSTAL VIEW CT.
City-St-Zip: LAKELAND, FL 33801

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

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

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

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Name:
Address:
City-St-Zip:

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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 exemption stated 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 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 FIELDS

TD

04/30/2007

Electronic Signature of Signing Officer or Director

Date