

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003787

FILED
Apr 27, 2006
Secretary of State

Entity Name: FAMU- SIGMA LAMBDA GAMMA, INC.

Current Principal Place of Business:

524 HAWKINS STREET
TALLAHASSEE, FL 32305 US

New Principal Place of Business:

1112 SOUTH MAGNOLIA DRIVE, #H202
TALLAHASSEE, FL 32301 US

Current Mailing Address:

524 HAWKINS STREET
TALLAHASSEE, FL 32305 US

New Mailing Address:

1112 SOUTH MAGNOLIA DRIVE, #H202
TALLAHASSEE, FL 32301 US

FEI Number: 32-0062193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUAINTANCE, GRACE
524 HAWKINS STREET
TALLAHASSEE, FL 32305 US

Name and Address of New Registered Agent:

ROUSER, KANDACE
1112 SOUTH MAGNOLIA DRIVE, #H202
TALLAHASSEE, FL 32301 US

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: KANDACE ROUSER

04/27/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: QUAINTANCE, GRACE
Address: 524 HAWKINS STREET
City-St-Zip: TALLAHASSEE, FL 32305 US

Title: VD () Delete
Name: SMITH, TIFFANY
Address: 2218 MAGNOLIA CIRCLE, APT 125C
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: TD/S () Delete
Name: ROUSER, KANDACE
Address: 1112 S. MAGNOLIA DRIVE, APT C104
City-St-Zip: TALLAHASSEE, FL 32301 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BATTS, JACLYN
Address: 3700 CAPITAL CIRCLE SE, APT 619
City-St-Zip: TALLAHASSEE, FL 32311 US

Title: VD (X) Change () Addition
Name: WILLIAMS, MARQUETH
Address: 966 CRYSTAL ROAD
City-St-Zip: TALLAHASSEE, FL 32305 US

Title: TD (X) Change () Addition
Name: ROUSER, KANDACE
Address: 1112 S. MAGNOLIA DRIVE, APT H202
City-St-Zip: TALLAHASSEE, FL 32301 US

I hereby certify that the information supplied with this filing does not qualify for the 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: KANDACE ROUSER

TD

04/27/2006

Electronic Signature of Signing Officer or Director

Date