


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2007 8:00 am
Secretary of State

09-13-2007 90001 034 ****70.00

DOCUMENT # N03000003787					
1. Entity Name FAMU- SIGMA LAMBDA GAMMA, INC.					
Principal Place of Business 1112 SOUTH MAGNOLIA DRIVE, #H202 TALLAHASSEE, FL 32301 US			Mailing Address 1112 SOUTH MAGNOLIA DRIVE, #H202 TALLAHASSEE, FL 32301 US		
2. Principal Place of Business - No P.O. Box # 1303 Ocala Rd. Suite, Apt. #, etc. Apt. 270 City & State Tallahassee, FL Zip Country 32304 U.S.		3. Mailing Address 1303 Ocala Rd. Suite, Apt. #, etc. Apt. 270 City & State Tallahassee, FL Zip Country 32304 U.S.		50001767	
4. FEI Number 32-0062193				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				08262007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent ROUSER, KANDACE 1112 SOUTH MAGNOLIA DRIVE, #H202 TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name <u>Trisha Persad</u> Street Address (P.O. Box Number is Not Acceptable) 1303 Ocala Rd. Apt. 270 City <u>Tallahassee</u> <u>FL</u> Zip Code <u>32304</u>		
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 <u>Trisha Persad</u> DATE <u>9/10/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BATTIS, JACLYN 3700 CAPITAL CIRCLE SE, APT 619 TALLAHASSEE, FL 32311 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Erika Miron 631 E. Call St. Apt. 406 Tallahassee, FL 32301		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Delete WILLIAMS, MARQUETH 966 CRYSTAL ROAD TALLAHASSEE, FL 32305	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Grace Guaintance 3700 Capital Circle SE # 1119 Tallahassee, FL 32311		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete ROUSER, KANDACE 1112 S. MAGNOLIA DRIVE, APT H202 TALLAHASSEE, FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Trisha Persad 1303 Ocala Rd. Apt. 270 Tallahassee, FL 32304		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 all other like empowered.					
SIGNATURE: <u>Erika Miron</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>9-11-07</u>		Daytime Phone # <u>813-928-6021</u>	