2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N03000003787 1. Entity Name

FILED Sep 13, 2007 8:00 am Secretary of State 09-13-2007 90001 034 ****70.00



FAMU- SIGMA LAMBDA GAMMA, INC.							
1112 SOUTH MAGNOLIA DRIVE, #H202 111			Mailing Address 1112 SOUTH MAGNOLIA DRIVE, #H202 TALLAHASSEE, FL 32301 US		500	01767	
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address					
• _ `	Ocala Rd	1303 Ocal	a Rd.	08262007	3 HT 14 R 16 TH 16 TH 16 TH 16 TH 16 TH	# (40400)	IBI B! IAB!
Act. 270 A City & State C		APT 270 City & State	City & State		4. FEI Number Applied For		
Zip	assee, Fl.	Tallahassee	Country	32-006219 5. Certificate of S	itatus Desired	\$8.75 Addi	
32304	6. Name and Address of Current R	32304 Registered Agent	U.S.	7. Name and Add	dress of New Registered A	ee Required gent	
ROUSER, KANDACE 1112 SOUTH MAGNOLIA DRIVE, #H202			Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE, FL 32301			1303 Ocala Rd. Apt. 270				
• The share			City	lahassee	FL	Zip Code	504
the obligat	named entity submits this statement for tions of registered agent.	the purpose of changing its re	gistered office or re	egistered agent, or both, ir	the State of Florida. Tam fa	amiliar with, e	and accept
SIGNATURE	Signature, typed or printed name of registered gent ar	nd title if applicable. (NOTE: R	legistered Agent signature	required when reinstating)	9/10 DATE	107	
Filing Fee is \$61.25 Due by September 14, 2007 9. Election Campa Trust Fund Con							
D				\$5.00 May Be Added to Fees	Make check Florida Depart		
10.	ue by September 14, 2007 OFFICERS AND DIRI	Trust Fund Cor	ntribution.	Added to Fees ADDITIONS/CHANG	1	ment of Sta	nte
10.	OFFICERS AND DIRI	Trust Fund Cor	11.	Added to Fees ADDITIONS/CHANG	Florida Depart	ment of Sta	nte
10.	ue by September 14, 2007 OFFICERS AND DIRI	Trust Fund Cor	11.	Added to Fees ADDITIONS/CHANG	Florida Depart	ment of Sta	10
10. TITLE NAME	OFFICERS AND DIRI PD BATTS, JACLYN	Trust Fund Cor	11. IITLE NAME STREET ADDRESS	Added to Fees ADDITIONS/CHANG CO Crika Miror Coll E. Call	Florida Depart	ment of Sta	10
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indicated on this report or supplied with this filling 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.