

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003787

FILED  
May 02, 2008  
Secretary of State

Entity Name: FAMU- SIGMA LAMBDA GAMMA, INC.

## Current Principal Place of Business:

1303 OCALA RD  
APT 270  
TALLAHASSEE, FL 32304 US

## Current Mailing Address:

1303 OCALA RD  
APT 270  
TALLAHASSEE, FL 32304 US

## New Principal Place of Business:

503 PALM BEACH  
APT 212  
TALLAHASSEE, FL 32310 US

## New Mailing Address:

503 PALM BEACH  
APT 212  
TALLAHASSEE, FL 32310 US

FEI Number: 32-0062193      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

PERSAD, TRISHA  
1303 OCALA RD  
APT 270  
TALLAHASSEE, FL 32304 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: MIRON, ERICKA  
Address: 631 E. CALL ST APT 406  
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: VD ( ) Delete  
Name: QUAINANCE, GRACE  
Address: 3700 CAPITAL CIRCLE SE #1119  
City-St-Zip: TALLAHASSEE, FL 32311 US

Title: TD ( ) Delete  
Name: PERSAD, TRISHA  
Address: 1303 OCALA RD APT 270  
City-St-Zip: TALLAHASSEE, FL 32304 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition  
Name: BATTS, JONI  
Address: 4240 RALEIGH WAY  
City-St-Zip: TALLAHASSEE, FL 32311 US

Title: TD (X) Change ( ) Addition  
Name: MAHDAVAIN, SOHEYLA  
Address: 503 PALM BEACH APT. #212  
City-St-Zip: TALLAHASSEE, FL 32310 US

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: ERIKA MIRON

PD

05/02/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date