

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2006 8:00 am
Secretary of State

06-16-2006 90101 043 ****61.25

DOCUMENT # N04000000363

1. Entity Name
UPSILON LAMBDA CHAPTER OF ALPHA PHI ALPHA
FRATERNITY, INC.



Principal Place of Business
P O BOX 40081
JACKSONVILLE, FL 32203

Mailing Address
P O BOX 40081
JACKSONVILLE, FL 32203

40095708



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05082006 Chg-NP CR2E037 (4/06)

4. FEI Number
77-0621980

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRAHAM, LEMAR JR.
2004 WILLES DON DRIVE EAST
JACKSONVILLE, FL 32246

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME ARBERRY, MICHAEL
STREET ADDRESS 2621 UNIVERSITY BLVD N, APT 0216
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE VD ☐ Delete
NAME MAYBERRY, MICHAEL
STREET ADDRESS 2612 WATERSTORE DRIVE
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE SD ☐ Delete
NAME LYONS, JR, CHARLIE
STREET ADDRESS 11761 BISCAYNE BLVD
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE TD ☒ Delete
NAME BOATMAN, TERRANCE
STREET ADDRESS 8925 IVEY ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE D ☐ Delete
NAME WALKER, LUTHER
STREET ADDRESS 2316 LONGMONT LAKE EAST
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE D ☐ Delete
NAME GRAHAM, JR, LEMAR
STREET ADDRESS 2004 WILLES DON DRIVE EAST
CITY-ST-ZIP JACKSONVILLE, FL 32246

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME Mayberry, Michael
STREET ADDRESS 2612 Waterstone Drive
CITY-ST-ZIP Orange Park, FL 32073

TITLE VD ☒ Change ☐ Addition
NAME Graham, Jr, Lemar
STREET ADDRESS 2004 Willesdon Drive East
CITY-ST-ZIP Jacksonville, FL 32246

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Change ☐ Addition
NAME Walker, Luther
STREET ADDRESS 2316 Longmont Lake East
CITY-ST-ZIP Jacksonville, FL 32246

TITLE D ☐ Change ☒ Addition
NAME Bivens, Burney
STREET ADDRESS 152 Passage Drive
CITY-ST-ZIP Orange Park, FL 32246

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Lemar Graham, Jr

Lemar Graham, Jr

6/13/06

904-288-2145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #