

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jul 26, 2007 08:00 AM  
Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               |                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # N04000000363</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                               |                                   |
| 1. Entity Name<br>UPSILON LAMBDA CHAPTER OF ALPHA PHI ALPHA<br>FRATERNITY, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               |                                                                                                                    |
| Principal Place of Business<br>P O BOX 40081<br>JACKSONVILLE, FL 32203                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Mailing Address<br>P O BOX 40081<br>JACKSONVILLE, FL 32203                    |                                                                                                                    |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                               |                                                                                                                    |
| 6. Name and Address of Current Registered Agent<br><br>GRAHAM, LEMAR JR.<br>2004 WILLESDON DRIVE EAST<br>JACKSONVILLE, FL 32246                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                                                              |
| 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.<br><br>SIGNATURE <u><i>Luther Walker</i></u> DATE <u>7/23/07</u><br><small>(NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                               |                                                                                                                    |
| Filing Fee is \$61.25<br>Due by September 14, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                               |                                                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PD<br>MAYBERRY, MICHAEL<br>2612 WATERSTOVE DR<br>ORANGE PARK, FL 32073        | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VD<br>GRAHAM, LEMAR JR<br>2004 WILLESDON DR E<br>JACKSONVILLE, FL 32246       |                                                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SD<br>LYONS, JR, CHARLIE<br>11761 BISCAYNE BLVD<br>JACKSONVILLE, FL 32218     |                                                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TD<br>WALKER, LUTHER<br>2316 LONGMONT LAKE E<br>JACKSONVILLE, FL 32246        |                                                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D<br>WALKER, LUTHER<br>2316 LONGMONT LAKE EAST<br>JACKSONVILLE, FL 32246      |                                                                                                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D<br>GRAHAM, JR, LEMAR<br>2004 WILLESDON DRIVE EAST<br>JACKSONVILLE, FL 32246 |                                                                                                                    |
| 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.<br><br>SIGNATURE: <u><i>Luther Walker</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> |                                                                               |                                                                                                                    |



05042007 No Chg-NP

CR2E037 (4/06)

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| 4. FEI Number<br>77-0621980                                                                 | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional<br>Fee Required |                               |

UN0000770639  
07/26/07-80008-011 \$1.25