

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000363

FILED
Mar 20, 2009
Secretary of State

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

Current Principal Place of Business:

3909 SOUTEL DRIVE
JACKSONVILLE, FL 32208 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 40081
JACKSONVILLE, FL 32203 US

New Mailing Address:

FEI Number: 77-0621980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNEY, SR., CALVIN L
5626 INTERNATIONAL DRIVE
JACKSONVILLE, FL 32219 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: GILLETTE, JR, CHARLIE J
Address: 603 N. MARKET ST.
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: VD () Delete
Name: RICE, DARRYL B
Address: 8433 SOUTHSIDE BLVD #1809
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: SD () Delete
Name: HARRIS, JR., MARVIN
Address: 1352 SHEARWATER DRIVE
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: TD () Delete
Name: BURNEY, SR., CALVIN L
Address: 5626 INTERNATIONAL DRIVE
City-St-Zip: JACKSONVILLE, FL 32219 US

Title: D () Delete
Name: MAYBERRY, MICHAEL
Address: 2612 WATERSTOVE DRIVE
City-St-Zip: ORANGE PARK, FL 32703 US

Title: D () Delete
Name: GRAHAM, JR, LEMAR
Address: 2004 WILLESDON DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32246 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: CALVIN L. BURNEY, SR.

TD

03/20/2009

Electronic Signature of Signing Officer or Director

Date