

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000531

FILED
Apr 30, 2007
Secretary of State

Entity Name: MU ZETA LAMBDA CHAPTER EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

P. O. BOX 7538
WINTER HAVEN, FL 338837538

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 7538
WINTER HAVEN, FL 338837538

New Mailing Address:

FEI Number: 58-2682951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUTCHERSON, REGINALD
3350 STATE RD. 60 E.
BARTOW, FL 33830 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: P () Delete
Name: HUTCHERSON, REGINALD
Address: 3350 STATE ROAD 60E
City-St-Zip: BARTOW, FL 33830

Title: VP () Delete
Name: JOE, ERNEST JR
Address: 1717 GREENWOOD
City-St-Zip: LAKE LAND, FL 33809

Title: VP () Delete
Name: KIRKLAND, ALBERT
Address: 1405 MEADOWS DRIVE NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: S () Delete
Name: BARNES, RANDALL
Address: 906 HAMMOCK SHADE DR
City-St-Zip: LAKE LAND, FL 33809

Title: T () Delete
Name: FIELDS, GOW
Address: 1015 W 13TH STREET
City-St-Zip: LAKE LAND, FL 33805

Title: D () Delete
Name: LYNWOOD, BILL
Address: 1902 EAST POLLOCK ROAD
City-St-Zip: LAKE LAND, FL 33813

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: D (X) Change () Addition
Name: BELL, LYNWOOD
Address: 1902 EAST POLLOCK ROAD
City-St-Zip: LAKE LAND, FL 33813

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: GOW FIELDS

T

04/30/2007

Electronic Signature of Signing Officer or Director

Date