2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008
Secretary of State

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Entity Name: BETA BETA LAMBDA ALPHALAND COMMUNITY DEVELOPMENT CORPORATION, INC.

Current Principal Place of Business:

8523 NW 164 ST
MIAMI LAKES, FL 33016

New Principal Place of Business:

Current Mailing Address:

8523 NW 164 ST
MIAMI LAKES, FL 33016

New Mailing Address:

FEI Number: 20-8253668 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MOSS, DANA M SR
8523 NW 164 ST
MIAMI LAKES, FL 33016 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: PRES ( ) Delete
Name: YOUNG, DAVID SR.
Address: 5963 N.W. 201 TER.
City-St-Zip: MIAMI, FL 33015 US

Title: VP ( ) Delete
Name: BURNETT, VINCENT
Address: 2200 S.W. 120 AVE.
City-St-Zip: MIRAMAR, FL 33025 US

Title: TREA ( ) Delete
Name: WADE, TREVER
Address: 18941 SW 24 ST.
City-St-Zip: MIRAMAR, FL 33025 US

Title: DIR ( ) Delete
Name: MYRTHIL, LYONEL
Address: 2427 NW 87 TER
City-St-Zip: MIAMI, FL 33147 US

Title: DIR ( ) Delete
Name: GAY, SAMUEL L
Address: 20 NE 162 ST.
City-St-Zip: MIAMI, FL 33162 US

Title: DIR ( ) Delete
Name: MATHIS, REGINALD ESQ.
Address: 201 W. FLAGLER ST.
City-St-Zip: MIAMI, FL 33130 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: DAVID YOUNG, SR. PRES 04/03/2008
Electronic Signature of Signing Officer or Director — Date