2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008254

FILED Apr 30, 2009 Secretary of State

Entity Name: TAU KAPPA EPSILON FRATERNITY, LAMBDA-IOTA BOARD OF ADVISORS, INC.

Current Principal Place of Business: New Principal Place of Business: 1939 HERITAGE GROVE CIRCLE TALLAHASSEE, FL 32304 **Current Mailing Address: New Mailing Address:** 1521 BLOCKFORD CT. EAST TALLAHASSEE, FL 32317 US FEI Number: 20-5326443 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KELLAM, ROBERT E 1521 BLÓCKFORD CT. EAST TALLAHASSEE, FL 32317 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PCD () Delete () Change () Addition BROCK, JOHN G Name: Name: 1947 LAWSON RD Address: Address: City-St-Zip: TALLAHASSEE, FL 32308 US City-St-Zip: Title: () Delete Title: () Change () Addition CLARK, TERRENCE L Name: Name: Address: 2016 GARDENBROOK LN Address: City-St-Zip: TALLAHASSEE, FL 32301 US City-St-Zip: Title: SECD () Delete Title: () Change () Addition KELLAM, ROBERT E Name: Name: Address: 1521 BLOCKFORD CT. EAST Address: City-St-Zip: TALLAHASSEE, FL 32317 US City-St-Zip: Title: Title: () Change () Addition () Delete STUBBS, CHARLES E Name: Name: 9041 BUCK LAKE RD Address: Address: City-St-Zip: TALLAHASSEE, FL 32317 US City-St-Zip: Title: () Delete Title: (X) Change () Addition RYAN, SHAW ADAM, UNGER Name: Name: 1939 HERITAGE GROVE CIRCLE 1939 HERITAGE GROVE CIRCLE Address: Address: TALLAHASSEE, FL 32304 US City-St-Zip: TALLAHASSEE, FL 32304 US City-St-Zip: Title: () Delete Title: (X) Change () Addition MARCUS, BLAKE JOSH, GROVER Name: Name: Address: 1939 HERITAGE GROVE CIRCLE Address: 1939 HERITAGE GROVE CIRCLE TALLAHASSEE, FL 32304 US TALLAHASSEE, FL 32304 US City-St-Zip: 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: JOHN G. BROCK PD 04/30/2009