

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07000006311

1. Entity Name
FRIENDS OF LEGENDS OF DELTA LAMBDA, INC.



Principal Place of Business
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707 US

Mailing Address
PO BOX 41847
ST. PETERSBURG, FL 33743 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02282008 Chg-NP CR2E037 (12/06)

4. FEI Number

26-0462941

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEMBLER, BRENT W
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D/P ☐ Delete
NAME SEMBLER, BRENT W
STREET ADDRESS 5858 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG, FL 33707

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DVP ☐ Delete
NAME MARKS, O. KEN JR.
STREET ADDRESS P O BOX 2336
CITY-ST-ZIP CLEARWATER, FL 33757

TITLE ☐ Change ☐ Addition
NAME 000127543820
STREET ADDRESS 05/01/08--01001--018 **70.00
CITY-ST-ZIP

TITLE D/S ☐ Delete
NAME ROIX, SCOTT
STREET ADDRESS 7676 ARAIA WAY
CITY-ST-ZIP LARGO, FL 33777

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D/T ☐ Delete
NAME RUSSELL, DOUGLAS W
STREET ADDRESS 106 E COLLEGE AVE, SUITE 700
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MILLER, ANDY R
STREET ADDRESS P O BOX 1353
CITY-ST-ZIP TALLAHASSEE, FL 32302

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, when all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BRENT W. SEMBLER

4-22-08

727-384-6000

FILED

08 APR 30 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

