

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 12, 2008
Secretary of State

DOCUMENT# N07000006311

Entity Name: FRIENDS OF LEGENDS OF DELTA LAMBDA, INC.**Current Principal Place of Business:**5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 41847
ST. PETERSBURG, FL 33743 US**New Mailing Address:****FEI Number:** 26-0462941**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SEMBLER, BRENT W
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707 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: D/P () Delete
Name: SEMBLER, BRENT W
Address: 5858 CENTRAL AVENUE
City-St-Zip: ST. PETERSBURG, FL 33707 US

Title: DVP () Delete
Name: MARKS, O. KEN JR.
Address: P O BOX 2336
City-St-Zip: CLEARWATER, FL 33757 US

Title: D/S () Delete
Name: ROIX, SCOTT
Address: 7676 ARALIA WAY
City-St-Zip: LARGO, FL 33777 US

Title: D/T () Delete
Name: RUSSELL, DOUGLAS W
Address: 106 E COLLEGE AVE, SUITE 700
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: D () Delete
Name: MILLER, ANDY R
Address: P O BOX 1353
City-St-Zip: TALLAHASSEE, FL 32302 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: D (X) Change () Addition
Name: MILLER, R ANDY
Address: P O BOX 1353
City-St-Zip: TALLAHASSEE, FL 32302 US

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: BRENT W. SEMBLER

DP

09/12/2008

Electronic Signature of Signing Officer or Director

Date