

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29068

FILED
Mar 05, 2005
Secretary of State

Entity Name: LAMBDA EPSILON CHARITABLE FUND, INC.

Current Principal Place of Business:

4322 GREEK PARK DR
ORLANDO, FL 32816

New Principal Place of Business:

Current Mailing Address:

4112 LILLIAN HALL LN
ORLANDO, FL 32812

New Mailing Address:

FEI Number: 59-3623347

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONROE, NORMAN A.
427 WHIPPING LOOP 1889
ALTAMONTE SPRINGS, FL 32701 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 () Delete
Name: PATCH, RICHARD L
Address: 4306 PEBBLESTONE CT
City-St-Zip: ORLANDO, FL 328262639

Title: VP () Delete
Name: MCNAMARA, KEVIN T
Address: 2 CINNAMON DRIVE
City-St-Zip: ORLANDO, FL 328253680

Title: T () Delete
Name: WADDELL, JEFFREY
Address: 4112 LILLIAN LANE
City-St-Zip: ORLANDO, FL 32812

Title: S () Delete
Name: RAMSEY, RANDY
Address: 3530 DIAMOND LEAF LN
City-St-Zip: OVIEDO, FL 32766

Title: P () Delete
Name: GAMBLE, PAUL H
Address: 4970 FEATHER ST
City-St-Zip: COCOA, FL 32927

Title: D () Delete
Name: DORNBUSCH, BRIAN
Address: PO BOX 780896
City-St-Zip: ORLANDO, FL 32878

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
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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 for the exemption stated in Section 119.07(3)(i), 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: JEFFREY WADDELL

T

03/05/2005

Electronic Signature of Signing Officer or Director

Date