

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # N43551

1. Entity Name
ALPHA EPSILON LAMBDA, INC.



Principal Place of Business

**% JOHN C CAPECE
6017 NW 27TH TERR
GAINESVILLE, FL 32606**

Mailing Address

**P.O. BOX 1577
LABELLE, FL 33975**



01242008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3063434

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CAPECE, JOHN C
18 MARINA DRIVE
PORT LABELLE VILLAS
LABELLE, FL 33935**

**DO NOT WRITE
IN THIS SPACE**

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

U000000917351
05/13/08-80039-009 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CAPECE, JOHN C
18 MARINA DRIVE
LABELLE, FL 33935**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SOLAREV, ILYA
7 WORLD TRADE CENTER
NEW YORK, NY 100482627**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RAMAMURTHI, SURESH
11111 W 95TH ST., SUITE 250
OVERLAND PARK, KS 66214**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LOCKHART, MADELYN
238 GRINTER HALL -JF
GAINESVILLE, FL 32611**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/08 8636731289