

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43551

FILED
Jan 22, 2009
Secretary of State

Entity Name: ALPHA EPSILON LAMBDA, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

P.O. BOX 1577
LABELLE, FL 33975

New Mailing Address:

FEI Number: 59-3063434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CAPECE, JOHN C
1104 RIVER RUN
PORT LABELLE VILLAS
LABELLE, FL 33935 US

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: JOHN C. CAPECE

01/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAPECE, JOHN C
Address: 18 MARINA DRIVE
City-St-Zip: LABELLE, FL 33935

Title: D () Delete
Name: SOLAREV, ILYA
Address: 7 WORLD TRADE CENTER
City-St-Zip: NEW YORK, NY 100482627

Title: D () Delete
Name: RAMAMURTHI, SURESH
Address: 11111 W 95TH ST., SUITE 250
City-St-Zip: OVERLAND PARK, KS 66214

Title: PD () Delete
Name: LOCKHART, MADELYN
Address: 238 GRINTER HALL -UF
City-St-Zip: GAINESVILLE, FL 32611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CAPECE, JOHN C
Address: 1104 RIVER RUN
City-St-Zip: LABELLE, FL 33935 US

Title: D (X) Change () Addition
Name: SOLAREV, ILYA
Address: 19 WOODWAY RD. APT. 6
City-St-Zip: STAMFORD, CT 069071459 US

Title: D (X) Change () Addition
Name: RAMAMURTHI, SURESH
Address: 712 GOLDEN DR.
City-St-Zip: BLANDON, PA 195109662 US

Title: () Change () Addition
Name:
Address:
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 C. CAPECE

D

01/22/2009

Electronic Signature of Signing Officer or Director

Date