

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005832

FILED  
Mar 30, 2005  
Secretary of State

**Entity Name:** IOTA PI LAMBDA EDUCATIONAL FOUNDATION, INC.

**Current Principal Place of Business:**

19303 S.W. 137TH AVENUE  
MIAMI, FL 33177 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5711098  
MIAMI, FL 331571098 US

**New Mailing Address:**

PO BOX 571098  
MIAMI, FL 331571098 US

**FEI Number:** 65-0789375

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NEALY, QUINTON E  
19303 S.W. 137TH AVENUE  
MIAMI, FL 33177 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: P ( ) Delete  
Name: QUINTON, NEALY E P  
Address: 19303 SW 137TH AVE  
City-St-Zip: MIAMI, FL 33177

Title: VP ( ) Delete  
Name: PLUMMER, CHARLES A V.P.  
Address: 19725 SW 101TH AVE .  
City-St-Zip: MIAMI, FL 33157

Title: T ( ) Delete  
Name: BRADLEY, GLYNELL TRES.  
Address: 13490 SW 194TH STREET  
City-St-Zip: MIAMI, FL 33177

Title: S ( ) Delete  
Name: HANDY, DARREN SEC.  
Address: 20210 SW 111TH AVE  
City-St-Zip: MIAMI, FL 33189

**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:

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: QUINTON E. NEALY

P

03/30/2005

Electronic Signature of Signing Officer or Director

Date