**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Feb 14, 2022**
**Secretary of State**
**1417220248CC**

DOCUMENT# N10000003992

**Entity Name:** OMICRON UPSILON LAMBDA FOUNDATION, INC.

**Current Principal Place of Business:**

170 NW 5TH AVENUE
DELRAY BEACH, FL 33444

**Current Mailing Address:**

P.O. BOX 7862
DELRAY BEACH, FL 33484

**FEI Number: 27-3434310**

**Certificate of Status Desired:** No

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

VAUGHN, CLARENCE M
17650 WOODVIEW TERRACE
BOCA RATON, FL 33487 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: CLARENCE M VAUGHN 02/14/2022

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | PRESIDENT |
| Name | VAUGHN, CLARENCE |
| Address | 17650 WOODVIEW TERRACE |
| City-State-Zip: | BOCA RATON FL 33487 |

| | |
|---|---|
| Title | SECRETARY |
| Name | NIX, WILLIAM |
| Address | 3430 CHATELAIVE BLVD. |
| City-State-Zip: | DELRAY BEACH FL 33445 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | WILIAMS, WILLIE |
| Address | 737 NW 41 WAY |
| City-State-Zip: | DEERFIELD BEACH FL 33442 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | POWELL, IKE |
| Address | 7652 TRENTON DRIVE |
| City-State-Zip: | LAKE WORTH FL 33467 |

| | |
|---|---|
| Title | TREASURER |
| Name | THOMAS, DEMETRIOUS |
| Address | 6 KERRY PLACE |
| City-State-Zip: | BOYNTON BEACH FL 33426 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | MURPHY, GREGORY |
| Address | 1400 N.W. 3RD STREET |
| City-State-Zip: | BOYNTON BEACH FL 33435 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | NORWOOD, N MICHAEL |
| Address | 5713 DESCARTES CIRCLE |
| City-State-Zip: | BOYNTON BEACH FL 33472 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | JACKSON, REGINALD |
| Address | 3871 N. W. 8TH COURT |
| City-State-Zip: | LAUDERHILL FL 33311 |

**Continues on page 2**

*I hereby 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 all other like empowered.*

SIGNATURE: CLARENCE M VAUGHN PRESIDENT 02/14/2022

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | DIRECTOR |
| Name | RICHARDS, DAVID |
| Address | 317 NW 44TH AVENUE |
| City-State-Zip: | PLANTATON FL 33317 |