

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 08, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N15424**

1. Entity Name  
**ZETA TAU ZETA OF LAMBDA CHI ALPHA ALUMNI  
ASSOCIATION AND HOUSING CORPORATION**



Principal Place of Business

**25 S. MAGNOLIA AVE.  
ORLANDO, FL 32801**

Mailing Address

**25 S. MAGNOLIA AVE.  
ORLANDO, FL 32801**

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-0155620**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**DANIELS, ROBERT L. JR.  
25 SOUTH MAGNOLIA AVENUE  
ORLANDO, FL 32801**

**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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
MITCHESON, G.A.  
1726 FOLLOW THRU RD, N.  
SAINT PETERSBURG, FL 33710**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT  
DANIELS, BOB  
124 ANNIE STREET  
ORLANDO, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
SCHROETER, TONY  
1140 LEMOWOOD DR  
DELAND, FL 32724**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
LUCAS, ROB  
435 SE 12 PLACE  
VERO BEACH, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MULFINGER, CHARLES  
3416 ALMERIA AVE  
TAMPA, FL 33629**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
SUAREZ, PETE  
433 DAROCO AVE  
CORAL GABLES, FL 33146**

1000000000868  
01/09/04-80016-003 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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

**1/6/04**

Date

**407-221-4454**

Daytime Phone #