

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15424

**Entity Name:** ZETA TAU ZETA OF LAMBDA CHI ALPHA ALUMNI ASSOCIATION  
AND HOUSING CORPORATION**FILED**  
**Jan 25, 2016**  
**Secretary of State**  
**CC8393141695****Current Principal Place of Business:**124 ANNIE STREET  
ORLANDO, FL 32806**Current Mailing Address:**703 DANESBROOK WAY  
MELBOURNE, FL 32940 US**FEI Number: 59-0155620****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**DANIELS, ROBERT LJR  
124 ANNIE STREET  
ORLANDO, FL 32806 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**Title            PRESIDENT  
Name           SCHOFIELD, DAVID  
Address        1389 BRAYFORD  
City-State-Zip: DELAND FL 32724Title            DIRECTOR  
Name           DANIELS, BOB  
Address        124 ANNIE STREET  
City-State-Zip: ORLANDO FL 32806Title            D  
Name           MITCHESON, GA  
Address        1726 FOLLOW THRU RD N  
City-State-Zip: ST PETERSBURG FL 33710Title            VP  
Name           DERANGO, DAN  
Address        1601 E. AMELIA STREET  
City-State-Zip: ORLANDO FL 32803Title            DIRECTOR  
Name           SWARTZ, RICHARD  
Address        100 W. BURLEIGH BLVD.  
City-State-Zip: TAVARES FL 32778Title            DIRECTOR  
Name           RINTZ, RICK  
Address        39 LYON DRIVE  
City-State-Zip: DELAND FL 32724Title            DIRECTOR  
Name           DAVISON, TOM  
Address        9510 SW 63 COURT  
City-State-Zip: PINECREST FL 33156Title            DIRECTOR  
Name           SWAYNE, BILL  
Address        215 N. PINE STREET #3902  
City-State-Zip: CHARLOTTE NC 28202**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: BOB DANIELS****DIRECTOR****01/25/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	TREASURER
Name	BISHOP, DARYL
Address	703 DANESBROOK WAY
City-State-Zip:	MELBOURNE FL 32940