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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

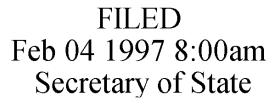
Principal Place of Business

709843

(7)

ZETA RHO HOUSE CORPORATION OF LAMBDA CHI ALPHA, INC.

Mailing Address





215 S MONROE ST STE 400 P O DRAWER 11300 TALLAHASSEE FL 32302		P O DRAWER 11300	215 S MONROE ST STE 400 P O DRAWER 11300 TALLAHASSEE FL 32302-3300		3. Date Incorporated or Qualified 11/01/1965	3a. Date of 03/2	Last Re 1/1990		
2. Principal P	2a. Mailing Address	g Address		4. FEI Number	<u> </u>	Apı	olied For		
21		26			59-2849770 Not Applicable				
Suite, Apl.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	1 1 7	\$8.75 Additional Fee Required		
City & Stat	e	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip 24	Country 25	Zip 29	Count	У	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No				
	9. Name and Address of	of Current Registered Agent			10. Name and Address of New Reg	Jistered Agen	t		
			8	Name					
MANNHEIMER, DOUGLAS L FIRST FLORIDA BANK TOWER, STE 400				2 Street Add	fress (P.O. Box Number is Not Acceptab	le)			
P.O.BOX 11300			8	3					
TALLAH	ASSEE FL 32302		8	4 City		FL 85	Zip C	ode	
office or i	registered agent, or both, in	s 617.0502 and 617.1508, Florida Statu the State of Florida. Such change was the obligations of, Section 617.0503, F	authorized (by the corpora	poration submits this statement for the p ation's board of directors. I hereby accep	urpose of char t the appointm	nging its nent as i	registered registered	
	Signature, typed or printed name of re			gent signature requ	Ilrad when reinstating)	DATE			
12.		CERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC				
TITLE	SD	L.] DELETE	1.1 TOTLE			□ (Change	☐ Addition	
NAME	REINHARD, DON		1.2 NAM					İ	
STREET ADDRESS	414 N. RIDE		1.3 STRE	et address					
CITY - ST - ZIP	TALLAHASSEE FL	- Brieff	1.4 CITY			— —	26	Audition	
TITLE	TD	DELETE	2.1 TITLE	i		<u> </u>	Change	Addition	
NAME	HUNT, JAMES M		2.2 NAM						
STREET ADDRESS	1843 EASTON FOREST DRIVE			et address					
CITY-ST-ZIP	TALLAHASSEE FL PD DELETE			-ST-ZIP			Change	Addition	
TITLE			3.1 TITLE 3.2 NAM			' لبسا	origing C	KUUIIUII	
NAME PERCE ADDRESS	Mannheimer, doug 3975 Bobbin Brook Cir.			ET ADDRESS				}	
STREET ADDRESS CITY-ST-ZIP	7411 1114 AAPP PI		B	-ST-ZIP					
TITLE	Director	······					Change	Addition	
NAME	The Cor.		4. 2 NAN	l		_	-	_	
STREET ADDRESS	prec			ET ADDRESS					
CITY-ST-ZIP	Tallahasse, Fla.		4.4 CiTY						
TITLE		DELETE 5.1					Change	Addition	
NAME			5.2 NAM	E					
STREET ADDRESS			5.3 STRE	ET ADDRESS					
CITY-ST-ZIP			5.4 CITY						
TITLE		DELETE 6.1					Change	Addition	
NAME	1		6.2 NAM	E					
STREET ADDRESS			6.3 STRE	ET ADDRESS					
CITY-ST-ZIP	1		6.4 City	-ST-ZIP					

14. I do 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 annual report or supplemental annual 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 12 or Block 13 in changed, prior in a lachment with an address.

SIGNATURE:

Pull Douglas L. Mannheiner - 1-29-97 - 904-681-6810

Despire Phone & Box 10000 137