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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721346 (5)

1. Corporation Name

BETA ETA ZETA OF LAMBDA CHI ALPHA, INC.

Principal Place of Business

Mailing Address

**3013 CONWAY GARDENS ROAD
ORLANDO FL 32806**

**3013 CONWAY GARDENS ROAD
ORLANDO FL 32806**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

07/14/1971

3a. Date of Last Report

05/01/1994

4. FEI Number

31-0969086

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAUNDERS, MICHAEL K.
2013 CONWAY GARDENS ROAD
ORLANDO FL 32806**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOSEPH, SAM
STREET ADDRESS	1002 PARTIN CT.
CITY- ST- ZIP	OVIEDO FL
TITLE	VD
NAME	FLETCHER, PATRICK
STREET ADDRESS	3715 PEACE PIPE DR.
CITY- ST- ZIP	ORLANDO FL
TITLE	SD
NAME	RUMBROUGH, LARRY
STREET ADDRESS	2808 GRAY FOX LN.
CITY- ST- ZIP	ORLANDO FL
TITLE	TD
NAME	CUCARESE, MIKE
STREET ADDRESS	1340 FOX FORREST CIR.
CITY- ST- ZIP	APOPKA FL
TITLE	D
NAME	SAUNDERS, MICHAEL
STREET ADDRESS	2013 CONWAY GARDENS RD.
CITY- ST- ZIP	ORLANDO FL
TITLE	D
NAME	BAKER, JOHN
STREET ADDRESS	3230 BLACK PINE AVE.
CITY- ST- ZIP	WINTER PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	CHARLIE JIRAGE	
1.3 STREET ADDRESS	1009 AVILES COURT	
1.4 CITY- ST- ZIP	OVIEDO, FL 32765	
2.1 TITLE	VD	☒ Change ☐ Addition
2.2 NAME	KEITH WHITE	
2.3 STREET ADDRESS	1100 S. ORLANDO AVE	
2.4 CITY- ST- ZIP	MAITLAND, FL 32751	
3.1 TITLE	SD	☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	SAME	
3.4 CITY- ST- ZIP		
4.1 TITLE	TD	☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	SAME	
4.4 CITY- ST- ZIP		
5.1 TITLE	D	☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	SAME	
5.4 CITY- ST- ZIP		
6.1 TITLE	D	☒ Change ☐ Addition
6.2 NAME	JEFF GOERHARDT	
6.3 STREET ADDRESS	8129 ROSE HILL DR.	
6.4 CITY- ST- ZIP	ORLANDO, FL 32818	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael Cuore* MICHAEL CUORE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/95

Date

(407) 667-0433

Telephone #