

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 721346 (5)

BETA ETA ZETA OF LAMBDA CHI ALPHA, INC.



Principal Place of Business
2013 CONWAY GARDENS ROAD
ORLANDO FL 32806

Mailing Address
2013 CONWAY GARDENS ROAD
ORLANDO FL 32806

3. Date Incorporated or Qualified

07/14/1971

4. FEI Number

31-0969086

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CUCCARESE, MIKE
STREET ADDRESS 1340 FOXFORREST CIR.
CITY-ST-ZIP APOPKA FL 32712

☒ DELETE

TITLE VD
NAME JORGE, CHARLE
STREET ADDRESS 1009 AVILES CT.
CITY-ST-ZIP OVIEDO FL

☒ DELETE

TITLE ~~SB~~ President
NAME MIRANDA, GORDON
STREET ADDRESS 7436 ANTIETAM ST.
CITY-ST-ZIP WINTER PARK FL

☐ DELETE

TITLE TD
NAME PULED, SCOTT
STREET ADDRESS 2081 S. HORIZON PLACE
CITY-ST-ZIP OVIEDO FL

☐ DELETE

TITLE D
NAME SAUNDERS, MICHAEL
STREET ADDRESS 2013 CONWAY GARDENS RD.
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE D
NAME WHITE, KEITH
STREET ADDRESS 1100 S. ORLANDO AVENUE
CITY-ST-ZIP MAITLAND FL

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 if changed, or on an attachment with an address.

SIGNATURE:

MICHAEL SAUNDERS 4/20/98 407-982464

CR2E037 (10/97)