

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 757555 (8)

1. Corporation Name

LAMBDA CHI ALPHA ALUMNI FUND, INC.



Principal Place of Business

Mailing Address

C/O BRADLEY L. SCOTT
210 LAKE HOLLINGSWORTH DR. #1104
LAKELAND FL 33803
US

C/O BRADLEY L. SCOTT
210 LAKE HOLLINGSWORTH DR. #1104
LAKELAND FL 33803
US

3. Date Incorporated or Qualified
04/14/1981

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. 2010 Roswell Rd

22. 111 LAKE HOLLINGSWORTH DR

27. # 3006

23. City & State

28. City & State

23. LAKELAND, FL

28. Marietta, GA

24. Zip

25. Country

29. Zip

30. Country

24. 33802

25. USA

29. 30068

30. USA

4. FEI Number
59-6141185

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

SCOTT, BRADLEY L
210 LAKE HOLLINGSWORTH DR. #1104
LAKELAND FL 33803

81. Name

BRADLEY L. SCOTT LAMBDA CHI ALPHA

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

111 LAKE HOLLINGSWORTH DR.

83.

FLORIDA SOUTHERN COLLEGE

84. City

LAKELAND, FL

85. Zip Code 33803

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

Bradley L. Scott, Bradley L. Scott

Treasurer

5/4/96

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

(If City Registered Agent signature required when not standing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME PD
STREET ADDRESS ROLLINS, HOWARD
CITY-ST-ZIP 41880 WHITE OAK
ST. CHARLES IL

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE ☐ DELETE
NAME SD
STREET ADDRESS GOODGER, SCOTT
CITY-ST-ZIP 137 CARYL WAY
OLDSMAR FL

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE ☐ DELETE
NAME TD
STREET ADDRESS SCOTT, BRADLEY L
CITY-ST-ZIP 210 LAKE HOLLINGSWORTH DR. #1104
LAKELAND FL

31 TITLE ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ☒ DELETE
NAME VD
STREET ADDRESS KRIENBRINK, JIM
CITY-ST-ZIP 5132 STERLING MANOR DRIVE
TAMPA FL

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bradley L. Scott, Treasurer

3/17/96

Date

770-509-9761

Daytime Phone #

CR2E037 (12/95)