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NONPROFIT CORPORATION



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

ANNUAL REPORT
1996

DOCUMENT #
1. Corporation Name N13878 (6)

THE LAMBDA CHI ALPHA ALUMNI ASSOCIATION OF MELBO URNE, INC.	
Principal Place of Business Mailing Address	AN BUBUR NEN BURN BABU BIDIC BEDIL BIDIL BIDIL LUDI
P.O. BOX 033571 P.O. BOX 033571 INDIALANTIC FL 32903-0571	
3. Date Incorporated or Qua 03/17/1986	ified 3a. Date of Last Report 08/11/1995
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
21 26 59-3025313	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desire	ed S8.75 Additional Fee Required
City & State City & State 6 Flection Compaign Finance	sing \$5.00 May Be
23 Zector Campagn Final Contribution	Added to Fees
Zip Country Zip Country 8. This corporation has liabili	ity for intangible tax under s. 199.032,
24 25 29 30 Florida Statutes	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of Name	New Registered Agent
BOYD, JOEL E.  100 RIALTO PLACE, SUITE 800	ceptable)
MELBOURNE FL 32901	
84 City	85 Zip Code
11. Directant to the provisions of Sections 617 0600 and 617 1500. Florida Statutes the above and according to the second section of Sections 617 0600 and 617 1500. Florida Statutes the above and according to the second section of Sections 617 0600 and 617 1500. Florida Statutes the above and section of Sections 617 0600 and 617 1500.	FL
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the 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	he purpose of changing its registered office e appointment as registered agent, t am
familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.	.,
SIGNATURE	TO MICHAEL W
Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO	DATE  D OFFICERS AND DIRECTORS IN 12
TITLE D DELETE 1.1 TITLE Prosident / Direct	
	Change Addition
NAME KARP, JOHN P. 1.2 NAME	Collarige   Nouriton
STREET ADDRESS 133 DELAND AVE. 1.3 STREET ADDRESS	Conaige   Nontion
STREET ADDRESS 133 DELAND AVE. 1.3 STREET ADDRESS CITY-ST-ZIP INDIALANTIC FL 14 CITY-ST-ZIP	
STREET ADDRESS   133 DELAND AVE.   1.3 STREET ADDRESS   14 CITY-ST-ZIP   INDIALANTIC FL   14 CITY-ST-ZIP   21 TITLE   Director	Change Addition
STREET ADDRESS   133 DELAND AVE.   1.3 STREET ADDRESS	
STREET ADDRESS   133 DELAND AVE.   1.3 STREET ADDRESS	
STREET ADDRESS   133 DELAND AVE.   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   INDIALANTIC FL   1.4 CITY-ST-ZIP	Change Addition
STREET ADDRESS   133 DELAND AVE.   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP   INDIALANTIC FL   1.4 CITY-ST-ZIP	Change Addition
STREET ADDRESS CITY-ST-ZIP INDIALANTIC FL  TITLE NAME SEMIGLIA, MICHAEL STREET ADDRESS CITY-ST-ZIP  MELBOURNE FL  TITLE VD NAME COX, TRUMAN  1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  1.4 CITY-ST-ZIP  1.2 1 TITLE 2.2 NAME 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE VD NAME COX, TRUMAN  1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  TITLE VD SEMIGLIA, MICHAEL 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 2.1 K HI CASKIE	Change Addition
STREET ADDRESS  CITY-ST-ZIP  INDIALANTIC FL  INTILE  PD  DELETE  14 CITY-ST-ZIP  17 CITE  PD  DELETE  21 TITLE  NAME  SEMIGLIA, MICHAEL  STREET ADDRESS  CITY-ST-ZIP  MELBOURNE FL  24 CITY-ST-ZIP  TITLE  VD  NAME  COX, TRUMAN  STREET ADDRESS  13 STREET ADDRESS  14 CITY-ST-ZIP  DELETE  31 TITLE  Treasurer/Director  32 NAME  STREET ADDRESS  1245 PALM BAY ROAD #Z104  33 STREET ADDRESS  3440 N. Golden Rod	Change ☐ Addition  ☐ Change ⚠ Addition  ☐ Change ☐ Chang
STREET ADDRESS CITY-ST-ZIP  INDIALANTIC FL  INTILE  PD  SEMIGLIA, MICHAEL STREET ADDRESS CITY-ST-ZIP  MELBOURNE FL  VD  NAME  COX, TRUMAN STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  NAME  COX, TRUMAN STREET ADDRESS CITY-ST-ZIP  PALM BAY FL  1.3 STREET ADDRESS 14 CITY-ST-ZIP  DELETE  2 1 TITLE  2 2 NAME 2 3 STREET ADDRESS 3 1 TITLE  Treasurer/Director 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY-ST-ZIP  Winter Park, FL	Change Addition  Change Addition  Change Addition  Coacl *III  32712
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STREET ADDRESS CITY-ST-ZIP  INDIALANTIC FL  INTILE  PD  DELETE  14 CITY-ST-ZIP  TITLE  PD  SEMIGLIA, MICHAEL  STREET ADDRESS CITY-ST-ZIP  MELBOURNE FL  VD  NAME  COX, TRUMAN STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  DELETE  13 STREET ADDRESS 24 CITY-ST-ZIP  TORGSCOPET / D. T. C.	Change Addition  Change Addition  Change Addition  Coacl *III  32712
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STREET ADDRESS CITY-ST-ZIP  INDIALANTIC FL  IN	Change Addition    Change Addition
STREET ADDRESS CITY-ST-ZIP  INDIALANTIC FL  IN	Change   Addition     Change   Addition     Change   Addition     Change   Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-249-7367 Daytime Phone #

CR2E037 (12/95)