

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N15424** (7)

1. Corporation Name
ZETA TAU ZETA OF LAMBDA CHI ALPHA ALUMNI ASSOCIATION AND HOUSING CORPORATION

Principal Place of Business Mailing Address
25 S. MAGNOLIA AVE. ORLANDO FL 32801

APPROVED AND FILED

95 MAR -6 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/16/1986		3a. Date of Last Report 05/13/1994	
4. FEI Number 59-0155620		Applied For Not Applicable	
2. Principal Place of Business 21 25 S. MAGNOLIA AVE. Suits, Apt. #, etc.		2a. Mailing Address 26 25 S. MAGNOLIA AVE. Suits, Apt. #, etc.	
22 City & State 23		27 City & State 28	
24 Zip	25 Country	29 Zip	30 Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>		\$68.75 Supplemental Fee Not Required	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent DANIELS, ROBERT L. JR. 25 SOUTH MAGNOLIA AVENUE ORLANDO FL 32801		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, BART	1.2 NAME	
STREET ADDRESS	2415 DRESDEN-TRAIL-	1.3 STREET ADDRESS	3035 Randleman Ct.
CITY-ST-ZIP	APOPKA FL-	1.4 CITY-ST-ZIP	Orlando FL 32765
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, BOB	2.2 NAME	
STREET ADDRESS	124 ANNIE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHROETER, TONY	3.2 NAME	
STREET ADDRESS	911 LIMWOOD DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERLIN, JEFF	4.2 NAME	
STREET ADDRESS	3224 HOLLY CREEK DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JENSEN BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MISKEW, STEVE	5.2 NAME	
STREET ADDRESS	375 E ROYAL PLAM/RD, #4	5.3 STREET ADDRESS	375 E. ROYAL PALM Rd., #4
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, PETE	6.2 NAME	
STREET ADDRESS	90 EDGEWATER DR, PH #14	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	6.4 CITY-ST-ZIP	

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 included 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: Robert L. Daniels, Jr. 1/21/95 407-423-8892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number
ROBERT L. DANIELS, JR. V. Pres.