

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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: 25 S. MAGNOLIA AVE, ORLANDO FL 32801
Mailing Address: 25 S. MAGNOLIA AVE, ORLANDO FL 32801

3. Date Incorporated or Qualified: 06/16/1986
3a. Date of Last Report: 03/06/1995

21	2. Principal Place of Business	22	Suite, Apt. #, etc	23	City & State	24	Zip	25	Country	26	2a. Mailing Address	27	Suite, Apt. #, etc.	28	City & State	29	Zip	30	Country	4.	FEI Number	59-0155620	Applied For	Not Applicable
										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														
										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										10. Name and Address of New Registered Agent										
DANIELS, ROBERT L. JR. 25 SOUTH MAGNOLIA AVENUE ORLANDO FL 32801										81	Name									
										82	Street Address (P.O. Box Number is Not Acceptable)									
										83										
										84	City									

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TOX	D/S	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D/S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BISHOP, BART X	XXXXXXXXXX		1.2 NAME	Vic Peronti		
STREET ADDRESS	3035 RADDLEMAN COURT	XXXXXXXXXX		1.3 STREET ADDRESS	317 Brantley Club Place		
CITY-ST-ZIP	ORLANDO FL	XXXXXXXXXX		1.4 CITY-ST-ZIP	Longwood, FL 32779		
TITLE	VOX D/T		<input type="checkbox"/> DELETE	2.1 TITLE	D/T	<input checked="" 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		<input type="checkbox"/> DELETE	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		<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D/V	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHAMBERLIN, JEFF			4.2 NAME	Rob Lucas		
STREET ADDRESS	3224 HOLLY CREEK DRIVE			4.3 STREET ADDRESS	435 SE 12 Place		
CITY-ST-ZIP	JENSEN BEACH FL			4.4 CITY-ST-ZIP	Vero Beach, FL 32962		
TITLE	D		<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MISKIEW, STEVE			5.2 NAME	Mike Ames		
STREET ADDRESS	375 E ROYAL PALM ROAD, #4			5.3 STREET ADDRESS	918 Pelican Place		
CITY-ST-ZIP	BOCA RATON FL			5.4 CITY-ST-ZIP	Panama City Beach, FL 32407		
TITLE	D		<input type="checkbox"/> DELETE	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 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: Robert L. Daniels, Jr. TREASURER Date: 5/1/96 Daytime Phone #: (407) 423-8832

CR2E037 (12/95)