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Feb 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 32801-2803

3. Date Incorporated or Qualified: 06/16/1986  
3a. Date of Last Report: 02/21/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-0155620	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" 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 85 Zip Code
	FL

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	DS PERONTI, VIC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	317 BRANTLEY CLUB PLACE	1.2 NAME	
STREET ADDRESS	LONGWOOD FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DT DANIELS, BOB	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	124 ANNIE STREET	2.2 NAME	
STREET ADDRESS	ORLANDO FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD SCHROETER, TONY	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	911 LIMWOOD DRIVE	3.2 NAME	
STREET ADDRESS	DELAND FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	DV LUCAS, ROB	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	435 SE 12 PLACE	4.2 NAME	
STREET ADDRESS	VERO BEACH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D AMES, MIKE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	978 PELICAN PLACE	5.2 NAME	DAVID WHIDDEN
STREET ADDRESS	PANAMA CITY BEACH FL	5.3 STREET ADDRESS	3100 SW 35th PLACE, #31-C
CITY-ST-ZIP		5.4 CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	D SUAREZ, PETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	90 EDGEWATER DR, PH #14	6.2 NAME	
STREET ADDRESS	CORAL GABLES FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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, on an attachment with an address.

SIGNATURE: *Robert L. Daniels* 2/24/97 407-423-8832

CR2E037 (9/96)