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**Jan 21 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 06/16/1986	
4. FEI Number 59-0155620	Applied For <input type="checkbox"/> 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

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 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	PERONTI, VIC	
STREET ADDRESS	317 BRANTLEY CLUB PLACE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	DANIELS, BOB	
STREET ADDRESS	124 ANNIE STREET	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHROETER, TONY	
STREET ADDRESS	911 LIMWOOD DRIVE	
CITY-ST-ZIP	DELAND FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LUCAS, ROB	
STREET ADDRESS	435 SE 12 PLACE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHIDDEN, DAVID	
STREET ADDRESS	3100 SW 35 PLACE #31C	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUAREZ, PETE	
STREET ADDRESS	90 EDGEWATER DR, PH #14	
CITY-ST-ZIP	CORAL GABLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.* **REQUIRED** 1/15/98 407-423-8832

CR2E037 (10/97)