


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # N15424 1. Entity Name ZETA TAU ZETA OF LAMBDA CHI ALPHA ALUMNI ASSOCIATION AND HOUSING CORPORATION	
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Principal Place of Business 25 S. MAGNOLIA AVE. ORLANDO, FL 32801	Mailing Address 25 S. MAGNOLIA AVE. ORLANDO, FL 32801
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DO NOT WRITE IN THIS SPACE



01032005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0155620	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DANIELS, ROBERT L. JR. 25 SOUTH MAGNOLIA AVENUE ORLANDO, FL 32801
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MITCHESON, G.A. 1726 FOLLOW THRU RD, N. SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DANIELS, BOB 124 ANNIE STREET ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHROETER, TONY 1140 LEMOWOOD DR DELAND, FL 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LUCAS, ROB 435 SE 12 PLACE VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MULFINGER, CHARLES 3416 ALMERIA AVE TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SUAREZ, PETE 433 DAROCO AVE CORAL GABLES, FL 33146

UN0000213094
 02/03/05-80056-013 61.25

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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Robert L. Daniels Jr.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>Treasurer</i> <small>Title</small>	<i>2/1/05</i> <small>Date</small>	<i>407-423-8832</i> <small>Daytime Phone #</small>
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