

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15424

FILED
Jun 30, 2006
Secretary of State

Entity Name: ZETA TAU ZETA OF LAMBDA CHI ALPHA ALUMNI ASSOCIATION AND HOUSING CORPORATION

Current Principal Place of Business:

25 S. MAGNOLIA AVE.
ORLANDO, FL 32801

New Principal Place of Business:

124 ANNIE STREET
ORLANDO, FL 32806

Current Mailing Address:

25 S. MAGNOLIA AVE.
ORLANDO, FL 32801

New Mailing Address:

P.O. BOX
ORLANDO, FL 32802

FEI Number: 59-0155620 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DANIELS, ROBERT L. JR.
25 SOUTH MAGNOLIA AVENUE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

DANIELS, ROBERT L. JR.
124 ANNIE STREET
ORLANDO, FL 32806 US

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.

SIGNATURE: _____

06/30/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: MITCHESON, G.A.
Address: 1726 FOLLOW THRU RD, N.
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: DT () Delete
Name: DANIELS, BOB,
Address: 124 ANNIE STREET
City-St-Zip: ORLANDO, FL

Title: PD () Delete
Name: SCHROETER, TONY,
Address: 1140 LEMOWOOD DR
City-St-Zip: DELAND, FL 32724

Title: DV () Delete
Name: LUCAS, ROB
Address: 435 SE 12 PLACE
City-St-Zip: VERO BEACH, FL

Title: D () Delete
Name: MULFINGER, CHARLES
Address: 3416 ALMERIA AVE
City-St-Zip: TAMPA, FL 33629

Title: DS () Delete
Name: SUAREZ, PETE
Address: 433 DAROCO AVE
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L DANIEL JR

D/T

06/30/2006

Electronic Signature of Signing Officer or Director

Date