

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jun 30, 2006  
Secretary of State

DOCUMENT# N15424

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