


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # N34482	
1. Entity Name THE HOUSE OF THE EPSILON OMEGA ZETA OF LAMBDA CHI ALPHA FRATERNITY, INCORPORATED	

Principal Place of Business 5900 SAN AMARO DR. CORAL GABLES, FL 33146	Mailing Address 7860 S.W 157 TERRACE MIAMI, FL 33157
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DO NOT WRITE IN THIS SPACE



01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-0813386	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FLINN, EUGENE P JR 7860 S.W. 157TH TER. MIAMI, FL 33175	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FLINN, EUGENE P., JR 7860 S.W. 157TH TER. MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CROSS, J. ALAN JR. 1700 PONCE DE LEON BLD. CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RADLOFF, DEAN 9921 S.W. 98TH AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMSON, JOHN 370 MINORCA CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000235663
04/09/05-80034-024 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 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  **J. ALAN CROSS JR** **4/6/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #