

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000049

FILED
May 01, 2005
Secretary of State

Entity Name: LAMBDA CHI ALPHA ALUMNI ASSOCIATION OF TAMPA BAY, INC.

Current Principal Place of Business:

UNIVERSITY OF SOUTH FLORIDA
4202 E FOWLER AVE USF #31111
TAMPA, FL 33620 US

New Principal Place of Business:

Current Mailing Address:

UNIVERSITY OF SOUTH FLORIDA
4202 E FOWLER AVE USF #31111
TAMPA, FL 33620 US

New Mailing Address:

FEI Number: 59-6194529 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

DELVECCHIO, SCOTT J
1842 BAYOU GRANDE BLVD., N.E.
ST. PETERSBURG, FL 33703 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: LYDON, BRADFORD J
Address: 14135 FENNSBURY DR
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: HODRICK, JAMES
Address: 525 5TH ST
City-St-Zip: LARGO, FL 346412121

Title: DS () Delete
Name: TORT, FREDERIC
Address: 13904 VILLAGE LAKE PLACE
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: COX, NICHOLAS B
Address: 3010 SAMARA DR
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: TOPPING, DAN
Address: 30 EAST HURON ST APT #4210
City-St-Zip: CHICAGO, IL 60611

Title: VD () Delete
Name: MYHRE, STEVEN
Address: 15914 DAWSON RIDGE DR
City-St-Zip: TAMPA, FL 33647

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
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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 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 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: BRADFORD J. LYDON

PTD

05/01/2005

Electronic Signature of Signing Officer or Director

Date