

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000049

FILED
Mar 09, 2009
Secretary of State

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

Current Principal Place of Business:

31111 USF HOLLY DR
TAMPA, FL 33620 US

New Principal Place of Business:

Current Mailing Address:

31111 USF HOLLY DR
TAMPA, FL 33620 US

New Mailing Address:

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

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 T
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: FOLEY, WILLIAM
Address: 26647 CASTLEVIEW WAY
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: D () Delete
Name: SALSBUARY, BRAD
Address: 33622 BRISK DR.
City-St-Zip: WESLEY CHAPEL, FL 33543

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TSD (X) Change () Addition
Name: LYDON, BRADFORD J
Address: 14135 FENNSBURY DR
City-St-Zip: TAMPA, FL 33624

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

Title: D (X) Change () Addition
Name: TORT, FREDERIC
Address: 13904 VILLAGE LAKE PLACE
City-St-Zip: TAMPA, FL 33624

Title: PD (X) Change () Addition
Name: FOLEY, WILLIAM
Address: 26647 CASTLEVIEW WAY
City-St-Zip: WESLEY CHAPEL, FL 33543

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 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: BRADFORD J. LYDON

S

03/09/2009

Electronic Signature of Signing Officer or Director

Date