

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000391

FILED
Mar 19, 2007
Secretary of State

Entity Name: LAMBDA CHI ALPHA ALUMNI ASSOCIATION OF DAYTONA BEACH, INC.

Current Principal Place of Business:

PO BOX 12181
DAYTONA BEACH, FL 321202181

New Principal Place of Business:

2904 CYPRESS RIDGE TRAIL
DAYTONA BEACH, FL 32128

Current Mailing Address:

PO BOX 2181
DAYTONA BEACH, FL 321202181

New Mailing Address:

FEI Number: 59-3566805 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HOPKINS, BRIAN E
2904 CYPRESS RIDGE TRAIL
DAYTONA BEACH, FL 32128 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: PD () Delete
Name: STEPANOSKI, JAMES
Address: 6547 CREEK RUN DR
City-St-Zip: CENTERVILLE, VA 20121

Title: D () Delete
Name: DASILVA, ANTHONY
Address: 7123 MANDARIN DR
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: HOGAN, MARK
Address: 920 N. 34TH ST. #72
City-St-Zip: SEATTLE, WA 98103

Title: SD () Delete
Name: HANSON JR., RAYMOND
Address: 45 WASHINGTON HEIGHTS AVE
City-St-Zip: HAMPTON BAYS, NY 11946

Title: VD () Delete
Name: MIWA, SAL
Address: PO BOX 821
City-St-Zip: SHORT HILLS, NJ 07078

Title: DT () Delete
Name: LAVOY, SCOTT
Address: 348-5 BOB WHITE CT
City-St-Zip: DAYTONA BEACH, FL 32119

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 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: JAMES STEPANOSKI

DP

03/19/2007

Electronic Signature of Signing Officer or Director

Date