## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000000391

FILED Feb 01, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 2904 CYPRESS RIDGE TRAIL 2904 CYPRESS RIDGE TRAIL DAYTONA BEACH, FL 32128 PORT ORANGE, FL 32128 **Current Mailing Address: New Mailing Address:** PO BOX 2181 DAYTONA BEACH, FL 321202181 FEI Number: 59-3566805 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOPKINS, BRIAN E HOPKINS, BRIAN E 2904 CYPRESS RIDGE TRAIL 2904 CYPRESS RIDGE TRAIL DAYTONA BEACH, FL 32128 US PORT ORANGE, FL 32128 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: BRIAN HOPKINS 02/01/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition STEPNOSKI, JAMES STEPNOSKI, JAMES Name: Name: 6547 CREEK RUN DR Address: 800 LEISURE LAKE DRIVE APT 13-0 Address: City-St-Zip: CENTERVILLE, VA 20121 City-St-Zip: WARNER ROBINS, GA 31088 Title: () Delete Title: () Change () Addition DASILVA, ANTHONY Name: Name: Address: 7123 MANDARIN DR Address: City-St-Zip: BOCA RATON, FL 33433 City-St-Zip: Title: VD. () Delete Title: () Change () Addition HOGAN, MARK Name: Name: 920 N. 34TH ST. #72 Address: Address: City-St-Zip: SEATTLE, WA 98103 City-St-Zip: ( ) Delete Title: SD Title: () Change () Addition Name: HANSON JR., RAYMOND Name: 45 WASHINGTON HEIGHTS AVE Address: Address: HAMPTON BAYS, NY 11946 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition MIWA, SAL Name: Name: EDNEY, DAVE PO BOX 821 12617 VICTORIA PLACE CIRCLE APT. 13218 Address: Address: City-St-Zip: SHORT HILLS, NJ 07078 City-St-Zip: ORLANDO, FL 32828 Title: () Delete Title: () Change () Addition LAVOY, SCOTT Name: Name: Address: 7334 SOUTH UNION CREEK WAY APT. 3S Address: MIDVALE, UT 84047 City-St-Zip: 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: JAMES STEPNOSKI PD 02/01/2009