

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000391

FILED  
Mar 13, 2010  
Secretary of State

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

**Current Principal Place of Business:**

2904 CYPRESS RIDGE TRAIL  
PORT ORANGE, FL 32128

**New Principal Place of Business:**

600 S. CLYDE MORRIS BLVD  
DAYTONA BEACH, FL 32114

**Current Mailing Address:**

PO BOX 2181  
DAYTONA BEACH, FL 321202181

**New Mailing Address:**

37 LAKE SHORE DRIVE  
KEY LARGO, FL 33037

**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  
PORT ORANGE, FL 32128 US

**Name and Address of New Registered Agent:**

VANDELAAR, JACK E  
37 LAKE SHORE DRIVE  
KEY LARGO, FL 33037 US

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: JACK VANDELAAR

03/13/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: STEP NOSKI, JAMES  
Address: 800 LEISURE LAKE DRIVE APT 13-O  
City-St-Zip: WARNER ROBINS, GA 31088

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

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

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

Title: D  
Name: EDNEY, DAVE  
Address: 12617 VICTORIA PLACE CIRCLE APT. 13218  
City-St-Zip: ORLANDO, FL 32828

Title: DT  
Name: LAVOY, SCOTT  
Address: 7334 SOUTH UNION CREEK WAY APT. 3S  
City-St-Zip: MIDVALE, UT 84047

I hereby 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 all other like empowered.

SIGNATURE: JAMES STEP NOSKI

PD

03/13/2010

Electronic Signature of Signing Officer or Director

Date