

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000004623

**Entity Name:** EPSILON BETA SIGMA FOUNDATION, INC.**Current Principal Place of Business:**3856 NEPTUNE DRIVE S.E.  
ST.PETERSBRG, FL 33705**Current Mailing Address:**EBS C/O ANDREA YVETTE ALLEN  
P.O. BOX 16872  
ST PETERSBURG, FL 33733-6872 US**FEI Number:** 90-0582029**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ALLEN, ANDREA YVETTE  
3856 NEPTUNE DRIVE S.E.  
ST. PETERSBURG, FL 33705 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:** ANDREA YVETTE ALLEN

04/14/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ALLEN, ANDREA YVETTE  
Address        3856 NEPTUNE DRIVE S.E.  
City-State-Zip: ST. PETERSBURG FL 33705

Title            VP  
Name            HARRIS, MELONIE  
Address        3011 49TH TERRACE SOUTH  
City-State-Zip: ST PETERBURG FL 33712

Title            ASST. TREASURER  
Name            WOODS, SHIRLEY  
Address        6335 - 30TH STREET SOUTH  
City-State-Zip: ST PETERSBURG FL 33712

Title            TREASURER  
Name            GREEN, DEBORAH D.  
Address        3525 -29TH AVENUE SOUTH  
City-State-Zip: ST PETERSBURG FL 33711

Title            SECRETARY  
Name            RUSHING, LATOYIA  
Address        2029-68TH TERRACE SOUTH  
City-State-Zip: ST PETERSBURG FL 33712

Title            OFFICER  
Name            STUBBINS, PATRICIA  
Address        3645-4TH AVENUE SOUTH  
City-State-Zip: ST PETERSBURG FL 33711

Title            OFFICER  
Name            ANDERSON, TAVIA  
Address        3738 COLD CREEK DRIVE  
City-State-Zip: VALRICO FL 33596

Title            OFFICER  
Name            BAKER, GLORIA  
Address        13812 MCINTOSH ROAD  
City-State-Zip: THONOTOSASSA FL 33592

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*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:** SHIRLEY WOODS**FANANCIAL SECRETARY** 04/14/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   CHAPLIN  
Name                 WALKER, DELCEDA  
Address             3701 CORTEZ WAY SOUTH  
City-State-Zip:    ST. PETERSBURG FL 33712

Title                   PARLIMENTARIAN  
Name                 FINCH, LUTRICIA  
Address             240 N BAYSHORE BLVD  
                      APT.# 106  
City-State-Zip:    CLEARWATER FL 33759