

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004623

Entity Name: EPSILON BETA SIGMA FOUNDATION, INC.**Current Principal Place of Business:**3861 38TH STREET SOUTH
ST.PETERSBRG, FL 33711**Current Mailing Address:**EBS C/O TERESA G WILLIAMS
P.O. BOX 16872
ST PETERSBURG, FL 33733-6872**FEI Number:** 90-0582029**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, TERESA G
3861 38TH STREET SOUTH
ST. PETERSBURG, FL 33711 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	WILLIAMS, TERESA G
Address	3861 38TH STREET SOUTH
City-State-Zip:	ST. PETERSBURG FL 33711

Title	TD
Name	OROKUNIE, WILLA
Address	2420 COVINA WAY SOUTH
City-State-Zip:	ST PETERSBURG FL 33711

Title	BMD
Name	TAYLOR, KIMBERLY
Address	329 57TH AVE SOUTH
City-State-Zip:	ST PETERSBURG FL 33705

Title	BM
Name	MCLEOD, LINDA
Address	8515 IRIS AVENUE
City-State-Zip:	ST PETERBURG FL 33777

Title	SD
Name	STARLING, JANICE
Address	3600 27TH AVE SOUTH
City-State-Zip:	ST PETERSBURG FL 33711

Title	VP
Name	MCNEIL, GLADYS
Address	2120 ALMERIA WAY SOUTH
City-State-Zip:	ST PETERSBURG FL 33712

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: TERESA G. WILLIAMS**PRESIDENT****04/03/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date