

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000002985

**Entity Name:** ALPHA BETA ETA OMEGA CHAPTER OF ALPHA KAPPA ALPHA SORORITY, INC.

**FILED**  
**Jan 23, 2023**  
**Secretary of State**  
**7703537549CC**

**Current Principal Place of Business:**

963 PARKRIDGE CIRCLE W  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

PO BOX 2651  
JACKSONVILLE,, FL 32219 US

**FEI Number: 87-4648725**

**Certificate of Status Desired: No**

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

JINKS, JILL  
10880 BRANDON CHASE  
JACKSONVILLE,, FL 32219 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            PRES  
Name            SWEETING, ANTIONETTE H  
Address        963 PARKRIDGE CIRCLE W  
                  JACKSONVILLE, FL 32211  
City-State-Zip: JACKSONVILLE FL 32211

Title            VP  
Name            ARCHER, ELICIA IVY  
Address        1028 EMILYS WALK LN E  
City-State-Zip: JACKSONVILLE FL 32221

Title            TRES  
Name            JINKS, JILL  
Address        10880 BRANDON CHASE  
City-State-Zip: JACKSONVILLE FL 32219

*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: ANTIONETTE H SWEETING

PRESIDENT

01/23/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date