

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740542

FILED
Apr 20, 2009
Secretary of State

Entity Name: GAMMA ZETA OMEGA CHAPTER OF ALPHA KAPPA ALPHA SORORITY, INC.

Current Principal Place of Business:

19511 NW 24 AVENUE
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 170410
MIAMI, FL 33017

New Mailing Address:

FEI Number: 36-3202144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARRY, PATRICIA A
2730 BUTTONWOOD AVENUE
MIRAMAR, FL 33025 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIMMONS, DEBORAH
Address: 19511 NW 24 AVENUE
City-St-Zip: MIAMI, FL 33056

Title: D () Delete
Name: SULLIVAN, KAY M
Address: 7743 SW 184 LANE
City-St-Zip: MIAMI, FL 33157

Title: D (X) Delete
Name: JACKSON, SANDRA L
Address: 3449 NW 201 STREET
City-St-Zip: MIAMI, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: DEBORAH SIMMONS

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date