

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 740542

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

7743 SW 184 LANE  
MIAMI, FL 33157

**New Principal Place of Business:**

3499 NW 201 STREET  
MIAMI GARDENS, FL 33056

**Current Mailing Address:**

POST OFFICE BOX 570238  
MIAMI, FL 33257

**New Mailing Address:**

POST OFFICE BOX 171926  
HIALEAH, FL 33017

**FEI Number:** 36-3202144

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROLLE, DAVIDA A  
11238 SW 229 TER  
MIAMI, FL 33170 US

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

JOHNSON-RUTLEDGE, MARTHA  
7815 NW 194TH STREET  
MIAMI, FL 33015 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: MARTHA JOHNSON-RUTLEDGE

02/07/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: JACKSON, SANDRA L  
Address: 3499 NW 201 STREET  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D  
Name: DAVIS, EUNICE J  
Address: 10125 NE 2ND AVENUE  
City-St-Zip: MIAMI, FL 33138

Title: D  
Name: CLARKE, CYNTHIA M  
Address: 7365 NORTH AUGUSTA DRIVE  
City-St-Zip: MIAMI, FL 33015

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: SANDRA L. JACKSON

P

02/07/2012

Electronic Signature of Signing Officer or Director

Date