
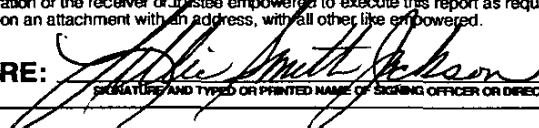


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90275 028 \*\*\*\*61.25

<b>DOCUMENT # 747988</b> 1. Entity Name <b>TAU ZETA ALUMNI CHAPTER, ZETA PHI BETA SORORITY, INC., STORK'S NEST</b>					
Principal Place of Business <b>19 PORRO STREET P.O. BOX 708 QUINCY, FL 32351 US</b>			Mailing Address <b>POST OFFICE BOX 708 P.O. BOX 708 QUINCY, FL 32353 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3205917</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>JACKSON, LILLIE S 400 DEERWOOD CIRCLE QUINCY, FL 32352</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			State <b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JACKSON, LILLIE S.</b>		NAME		
STREET ADDRESS	<b>400 DEERWOOD CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>QUINCY, FL 32352</b>		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>THOMAS, LIZZIE</b>		NAME		
STREET ADDRESS	<b>159 STRONG STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>QUINCY, FL 32351</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>REYNOLDS, CYNTHIA</b>		NAME		
STREET ADDRESS	<b>1087 SELMAN ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>QUINCY, FL 32351</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ANDERSON, MARILYN W.</b>		NAME		
STREET ADDRESS	<b>707 SMITH STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>QUINCY, FL 32351</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ZANDERS, SHAROH</b>		NAME		
STREET ADDRESS	<b>67 ROBERTS LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>QUINCY, FL 32351</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>April 25/05</b> (850) 627-6030					