2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# 747988

Entity Name: TAU ZETA ALUMNI CHAPTER, ZETA PHI BETA SORORITY, INC., STORK'S NEST

Current Principal Place of Business:

19 PORRO STREET
QUINCY, FL 32351 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 708{
P.O. BOX 708
QUINCY, FL 32353 US

New Mailing Address:

FEI Number: 59-3205917 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACKSON, LILLIE S
400 DEERWOOD CIRCLE
QUINCY, FL 32352 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:	JACKSON, LILLIE S.	
Address:	400 DEERWOOD CIRCLE	
City-St-Zip:	QUINCY, FL 32352	
Title:	VD	( ) Delete
Name:	THOMAS, LIZZIE	
Address:	159 STRONG STREET	
City-St-Zip:	QUINCY, FL 32351	
Title:	S	( ) Delete
Name:	REYNOLDS, CYNTHIA	
Address:	1087 SELMAN ROAD	
City-St-Zip:	QUINCY, FL 32351	
Title:	TD	( ) Delete
Name:	ANDERSON, MARILYN W.	
Address:	707 SMITH STREET	
City-St-Zip:	QUINCY, FL 32351	
Title:	D	( ) Delete
Name:	ZANDERS, SHAROH	
Address:	67 ROBERTS LANE	
City-St-Zip:	QUINCY, FL 32351	

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:	
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: LILLIE S. JACKSON PRES 04/23/2009

Electronic Signature of Signing Officer or Director — Date