

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750702

FILED
May 01, 2008
Secretary of State

Entity Name: ETA NU ZETA CHAPTER, ZETA PHI BETA SORORITY, INC. OPA-LOCKA-SOUTH BROWARD, FLORIDA

Current Principal Place of Business:

17311 NW 47TH AVE
MIAMI GARDENS, FL 33056

New Principal Place of Business:

4804 SW 19TH STREET
WEST PARK, FL 33023

Current Mailing Address:

P.O. BOX 2155
MIAMI GARDENS, FL 33056

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, JUANDA
17311 NW 47TH AVE
MIAMI, FL 33056 US

Name and Address of New Registered Agent:

IVEY, LAMONA
4804 SW 19TH STREET
WEST PARK, FL 33023 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: LAMONA IVEY

05/01/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, JUANDA
Address: 17311 N.W. 47TH AVE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: VP () Delete
Name: IVEY, LAMONA
Address: 4804 SW 19 TH STREET
City-St-Zip: WEST PARK, FL 33023

Title: TD () Delete
Name: PRATT, MARION
Address: 4900 SW 23 STREET
City-St-Zip: WEST PARK, FL 3323

Title: SD () Delete
Name: ASHLEY, CHERICKA
Address: 2982 SW 174TH AVENUE
City-St-Zip: MIRAMAR, FL 33029

Title: AS () Delete
Name: BELLAMY, LINDA
Address: 1500 NW 180TH TERRACE
City-St-Zip: MIAMI, FL 33169

Title: FS () Delete
Name: MUNGIN, ALICE
Address: 18641 NW 28 PL
City-St-Zip: MIAMI GARDENS, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: IVEY, LAMONA
Address: 4804 SW 19TH STREET
City-St-Zip: WEST PARK, FL 33023

Title: VP (X) Change () Addition
Name: ELLIS, BRENDA
Address: 17235 NW 17 AVE
City-St-Zip: MIAMI GARDENS, FL 33054

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

Title: SD (X) Change () Addition
Name: LOUIS, PATRICIA
Address: 900 NE 195 STREET # 607
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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: ALICE MUNGIN

FS

05/01/2008

Electronic Signature of Signing Officer or Director

Date