

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750702

FILED  
Apr 22, 2010  
Secretary of State

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

**Current Principal Place of Business:**

18641 N W 28TH PLACE  
MIAMI GARDENS, FL 33056

**New Principal Place of Business:**

1010 NW 182ND ST.  
MIAMI GARDENS, FL 33169

**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 ( )**

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

ETA NU ZETA CHAPTER  
18641 NW 28 PL.  
MIAMI GARDENS, FL 33056 US

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

MUNGIN, ALICE T.  
ETA NU ZETA CHAPTER ZETA PHI BETA SORORITY  
1010 NW 182ND ST.  
MIAMI GARDENS, FL 33169 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: ALICE T. MUNGIN

04/22/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CASON, SARA  
Address: 1010 NW 182ND STREET  
City-St-Zip: MIAMI GARDENS, FL 33169

Title: VP  
Name: LOUIS, PATRICIA  
Address: 900 NE 195 STREET APT # 607  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: TD  
Name: SHIPP, CLEMENTON  
Address: 2930 NW 186 TER.  
City-St-Zip: MIAMI GARDENS, FL 33056

Title: SD  
Name: CANELL, FRANZ  
Address: 1855 PLUNKETT ST. APT # 309  
City-St-Zip: HOLLYWOOD, FL 33020

Title: AS  
Name: STURGEON, SHERRYANN  
Address: 15107 NE 6 AVENUE  
City-St-Zip: MIAMI, FL 33167 US

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

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: ALICE T. MUNGIN

FS

04/22/2010

Electronic Signature of Signing Officer or Director

Date