

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # 753027 1. Entity Name DELTA EPSILON ZETA CHAPTER OF ZETA PHI BETA SORORITY, INC.					
Principal Place of Business BETA SORORITY, INC. 1358 SIXTH STREET WEST PALM BEACH FL 33401-3128				Mailing Address BETA SORORITY, INC. 1358 SIXTH STREET WEST PALM BEACH FL 33401-3128	
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 59-1839061 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MUNNINGS, ELIZABETH S. 1358 SIXTH STREET WEST PALM BEACH FL			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D JONES, KETHLEEN <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1416 N. MANGONIA DRIVE		NAME	U00000049978	
STREET ADDRESS	WEST PALM BEACH FL 33401		STREET ADDRESS	02/13/04-80045-001 61.25	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VD COOK, EULA B <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1209 W. 32ND STREET		NAME		
STREET ADDRESS	RIVIERA BEACH FL 33404		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TD LAWRENCE, SARAH <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	919 S MANGONIA CIRCLE		NAME		
STREET ADDRESS	WEST PALM BEACH FL 33401		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	PD NEALY, LAVARNE S. <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1560-6TH STREET		NAME		
STREET ADDRESS	WEST PALM BEACH FL		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SD CORBETT, BETTY S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1540-6TH STREET		NAME		
STREET ADDRESS	WEST PALM BEACH FL 33401		STREET ADDRESS		
CITY-ST-ZIP			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.					
SIGNATURE: <i>Lavarne S. Nealy</i> 2/2/04 (561) 833-4437					