


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 21, 2005 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1839061	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MUNNINGS, ELIZABETH S. 1358 SIXTH STREET WEST PALM BEACH FL				7. Name and Address of New Registered Agent 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, 2005			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 NAME STREET ADDRESS CITY- ST- ZIP	D JONES, KETHLEEN 1416 N. MANGONIA DRIVE WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD COOK, EULA B 1209 W. 32ND STREET RIVIERA BEACH FL 33404	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD LAWRENCE, SARAH 919 S MANGONIA CIRCLE WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD NEALY, LAVARNE S. 1560-6TH STREET WEST PALM BEACH FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD CORBETT, BETTY S 1540-6TH STREET WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>Laverne S. Nealy</u> LAVARNE S. NEALY Date <u>July 16, 2005</u>					