

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90028 020 ****61.25

DOCUMENT # 753027

1. Entity Name

**DELTA EPSILON ZETA CHAPTER OF ZETA PHI BETA
SORORITY, INC.**



Principal Place of Business

Mailing Address

**BETA SORORITY, INC.
1358 SIXTH STREET
WEST PALM BEACH FL 33401-3128**

**BETA SORORITY, INC.
1358 SIXTH STREET
WEST PALM BEACH FL 33401-3128**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1839061

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | ARCHBOLD, LESLIE | |
| STREET ADDRESS | 1348 W. 36TH ST | |
| CITY-STATE-ZIP | WEST PALM BEACH FL 33404 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | ALVIN, ELAINE | |
| STREET ADDRESS | 3615 TOWNHOUSE CT | |
| CITY-STATE-ZIP | WEST PALM BEACH FL 33407 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | LEE, MAUDE FORD | |
| STREET ADDRESS | 602 CLEAR LAKE AVE | |
| CITY-STATE-ZIP | WEST PALM BEACH FL 33401 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | NEALY, LAVERNE | |
| STREET ADDRESS | 1560-6TH ST | |
| CITY-STATE-ZIP | WEST PALM BEACH FL 33401 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | MOORE, NATALIE | |
| STREET ADDRESS | 16105 HAMLIN BLVD. | |
| CITY-STATE-ZIP | LOXAHATCHEE FL 33470 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Claudia Spradley | |
| STREET ADDRESS | 1506-39th Street | |
| CITY-STATE-ZIP | West Palm Beach, FL 33407 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Eula Cook | |
| STREET ADDRESS | 1209 W. 32nd Street | |
| CITY-STATE-ZIP | Riviera Beach, FL 33404 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Jeweldine Driver | |
| STREET ADDRESS | 1363 W. 36th Street | |
| CITY-STATE-ZIP | Riviera Beach, FL 33404 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Elizabeth S. Munnings ELIZABETH S. MUNNINGS

2/2/07 (561) 832-2548

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #