2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753027

FILED Jun 29, 2009 Secretary of State

Entity Name: DELTA EPSILON ZETA CHAPTER OF ZETA PHI BETA SORORITY, INC.

Current Principal Place of Business: New Principal Place of Business: BETA SORORITY, INC. 1358 SIXTH STREET WEST PALM BEACH, FL 334013128 **New Mailing Address: Current Mailing Address:** BETA SORORITY, INC. 1358 SIXTH STRÉET WEST PALM BEACH, FL 334013128 FEI Number: 59-1839061 FEI Number Applied For () FEI Number Not Applicable () 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: Name and Address of New Registered Agent: MUNNINGS, ELIZABETH S. 1358 SIXTH STREET US WEST PALM BEACH, FL 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete SPRADLEY, CLAUDIA SPRADLEY, CLAUDIA Name: Name: 1506 39TH STREET Address: 1358 SIXTH STREET Address: City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: WEST PALM BEACH, FL 33401 Title: () Delete Title: (X) Change () Addition ALVIN, ELAINE Name: LEE, MAUDE F Name: Address: 3615 TOWNHOUSE CT Address: 602 CLEAR LAKE AVENUE City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: WEST PALM BEACH, FL 33401 Title: TD Title: (X) Change () Addition () Delete COOK, EULA COOK, EULA Name: Name: Address: 1209 W 32ND STREET Address: 1209 W 32ND STREET City-St-Zip: RIVIERA BEACH, FL 33404 WEST PALM BEACH, FL 33404 City-St-Zip: Title: () Delete Title: () Change () Addition Name: NEALY, LAVERNE Name: Address: 1560-6TH ST Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: Title: () Delete Title: () Change () Addition DRIVER, JEWELDINE Name: Name: 1363 W 36TH STREET Address: Address: City-St-Zip: RIVIERA BEACH, FL 33404 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: MAUDE FORD LEE D 06/29/2009