

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB - 7 PM 4: 14

DOCUMENT # 759742 (0)

1. Corporation Name

FLORIDA STATE LEADERSHIP CONFERENCE ZETA PHI BET  
A SORORITY, INCORPORATED

Principal Place of Business

Mailing Address

% MRS. ROSA T. BROWN  
2825 W. ORANGE AVE.  
TALLAHASSEE FL 32310-5911

FLORIDA STATE LEADERSHIP CONFERENCE ZETA  
2457 14TH AVE., SOUTH  
ST. PETERSBURG FL 33712  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/21/1981  
3a. Date of Last Report 01/21/1994

4. FEI Number 59-2755092  
Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 %o Mattie Everette

20

22 Suite, Apt. #, etc. 2457-14th Ave. S.

27 Suite, Apt. #, etc.

23 City & State St. Petersburg, FL

28 City & State

24 Zip 33712 25 Country Pinellas 29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EVERETTE, MATTIE F.  
2457 14TH AVENUE, SOUTH  
ST. PETERSBURG FL 33712

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when restateing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME EVERETTE, MATTIE F.  
STREET ADDRESS 2457 14TH AVE., SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL 33712

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE H  
NAME CAVER, CATHY  
STREET ADDRESS 1211 HAWTHORNE DR.  
CITY-ST-ZIP PENSACOLA FL 32507

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE S  
NAME TULLIS, JEANETTE  
STREET ADDRESS 19011 NW 23RD CT  
CITY-ST-ZIP MIAMI FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ST  
NAME WRIGHT, HURETTA  
STREET ADDRESS 1031 HAMPTON ROAD  
CITY-ST-ZIP DAYTONA BCH. FL 32114

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE TD  
NAME ROSS-DUKES, STEPHANIE  
STREET ADDRESS 11941 S.W. 15TH AVENUE  
CITY-ST-ZIP PEMBROKE PINES FL 33025

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE CD  
NAME SUMPTER, LEONA  
STREET ADDRESS 820 CRAWFORD STREET  
CITY-ST-ZIP QUINCY FL

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mattie F. Everette* - Mattie F. Everette

1-30-95

(813) 327-7831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone