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NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 759742

(0)

1. Corporation Name

FLORIDA STATE LEADERSHIP CONFERENCE ZETA PHI BET  
A SORORITY, INCORPORATED

Principal Place of Business

Mailing Address

C/O EVERETTE, MATTIE  
2457-14TH AVE S  
ST PETERSBURG FL 33712  
US

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



3. Date Incorporated or Qualified

08/21/1981

3a. Date of Last Report

02/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

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

12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

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

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

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

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

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

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☒ DELETE

5.1 TITLE ☒ Change ☐ Addition

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

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

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

62 NAME  
63 STREET ADDRESS  
64 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)(k), 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. Everett Mattie F. Everett January 23, 1996 (813) 327-7831

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)