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May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33712-2140
US

3. Date Incorporated or Qualified
08/21/1981

3a. Date of Last Report
03/16/1996

2. Principal Place of Business

2a. Mailing Address

21 801 N. Kottle Circle

26 801 N. Kottle Circle

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

City & State

23 Daytona Beach, FL

28 Daytona Beach, FL

24 Zip Country

29 Zip Country

25 32114 Volusia

30 32114 Volusia

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

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

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

Helen B. Gallman

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

801 N. Kottle Circle

83

84 City

Daytona Beach,

FL

85 Zip Code
32114

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

Helen B. Gallman / Helen B. Gallman

5/10/97

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	EVERETTE, MATTIE F.	
STREET ADDRESS	2457 14TH AVE., SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	

1.1 TITLE	State President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Helen B. Gallman	
1.3 STREET ADDRESS	801 N. Kottle Circle	
1.4 CITY-ST-ZIP	Daytona Beach, FL 32114	

TITLE	H	<input checked="" type="checkbox"/> DELETE
NAME	CAVER, CATHY	
STREET ADDRESS	1211 HAWTHORNE DR.	
CITY-ST-ZIP	PENSACOLA FL 32507	

2.1 TITLE	Keeper Of Property	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Francis Johnson	
2.3 STREET ADDRESS	2624 East North Bay	
2.4 CITY-ST-ZIP	Tampa, Florida 33610	

TITLE	S	<input type="checkbox"/> DELETE
NAME	TULLIS, JEANETTE	
STREET ADDRESS	19011 NW 23RD CT	
CITY-ST-ZIP	MIAMI FL	

3.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Karen Blount	
3.3 STREET ADDRESS	5920 N.W. 14 Court	
3.4 CITY-ST-ZIP	Sunshine, FL 33313	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	WRIGHT, HURETTA	
STREET ADDRESS	1031 HAMPTON ROAD	
CITY-ST-ZIP	DAYTONA BCH. FL 32114	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> DELETE
NAME	HOWARD-WHITE, CARRIE	
STREET ADDRESS	RTE. 1, BOX 125A	
CITY-ST-ZIP	LAMONT FL 32336	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	CD	<input type="checkbox"/> DELETE
NAME	SUMPTER, LEONA	
STREET ADDRESS	820 CRAWFORD STREET	
CITY-ST-ZIP	QUINCY FL	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Helen B. Gallman / Helen B. Gallman* 5/10/97 255-2742 (904)

CR2E037 (9/96)