



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90072 048 ****70.00

DOCUMENT # 759742					
1. Entity Name FLORIDA STATE LEADERSHIP CONFERENCE ZETA PHI BETA SORORITY, INCORPORATED					
Principal Place of Business 3802 OAK AVE MIAMI, FL 33133 US		Mailing Address 3802 OAK AVE MIAMI, FL 33133 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02252005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-2755092	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WRIGHT, HURETTA M. 1031 HAMPTON ROAD DAYTONA BCH, FL 32114			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WRIGHT, HURETTA	NAME			
STREET ADDRESS	1031 HAMPTON ROAD	STREET ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	CITY-ST-ZIP			
TITLE	M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSON, FRANCIS	NAME			
STREET ADDRESS	2624 EAST NORTH BAY	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PALMER, MICHELLE	NAME			
STREET ADDRESS	2215 KING CHARLES COURT	STREET ADDRESS			
CITY-ST-ZIP	WINNIE PARK, FL 32792	CITY-ST-ZIP			
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLOUNT, KAREN W	NAME			
STREET ADDRESS	5920 NW 14TH COURT	STREET ADDRESS			
CITY-ST-ZIP	SUNRISE, FL 33313	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BAKER, ANNIE B	NAME			
STREET ADDRESS	3802 OAK AVE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33133	CITY-ST-ZIP			
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEE, DOROTHY P	NAME			
STREET ADDRESS	3459 PERCIVAL AVE	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33133	CITY-ST-ZIP			
12. I 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 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: <i>Annie B. Baker</i>		ANNIE B. BAKER		3/17/05 305-444-1482	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	