


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # 759742 1. Entity Name FLORIDA STATE LEADERSHIP CONFERENCE ZETA PHI BETA SORORITY, INCORPORATED		
Principal Place of Business Mailing Address 3802 OAK AVE MIAMI FL 33133 US		3802 OAK AVE MIAMI FL 33133 US
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip Country		Zip Country
4. FEI Number 59-2755092		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WRIGHT, HURETTA M. 1031 HAMPTON ROAD DAYTONA BCH FL 32114		7. Name and Address of New Registered Agent 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>		
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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 NAME STREET ADDRESS CITY - ST - ZIP	SP WRIGHT, HURETTA 1031 HAMPTON ROAD DAYTONA BEACH FL 32114	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M JOHNSON, FRANCIS 2624 EAST NORTH BAY TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PALMER, MICHELLE 2215 KING CHARLES COURT WINTER PARK FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BLOUNT, KAREN W 5920 NW 14TH COURT SUNRISE FL 33313	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BAKER, ANNIE B 3802 OAK AVE MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD WILLIAMS, MARTHA 3035 LAFAYETTE ST FORT MYERS FL 33916	<input type="checkbox"/> Delete
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.		<input type="checkbox"/> Change <input type="checkbox"/> Addition UD0000616793 02/07/07-80044-007 70.00



1st MOORE CR2E037 (10/06)

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SIGNATURE: Annie B. Baker ANNIE B. BAKER 1/29/07 305 444-1482