

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759742

FILED
Mar 17, 2012
Secretary of State

Entity Name: FLORIDA STATE LEADERSHIP CONFERENCE ZETA PHI BETA SORORITY, INCORPORATED

Current Principal Place of Business:

% MRS. ERNA FOUSHEE
565 TOXAWAY DR.
WEST PALM BEACH, FL 334131159 US

New Principal Place of Business:

Current Mailing Address:

% MRS. ERNA FOUSHEE
565 TOXAWAY DR.
WEST PALM BEACH, FL 334131159 US

New Mailing Address:

FEI Number: 59-2755092 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FOUSHEE', ERNA
565 TOXAWAY DRIVE
WEST PALM BEACH, FL 334131159 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: FOUSHEE', ERNA M
Address: 565 TOXAWAY DR
City-St-Zip: WEST PALM BEACH, FL 334131159

Title: C
Name: WILLIAMS, BRENDA S
Address: 16820 NW 20TH AVE
City-St-Zip: MIAMI GARDENS, FL 33056

Title: T
Name: DUKES, STEPHANIE L
Address: 9472 NW 20TH ST
City-St-Zip: MIRAMAR, FL 33025

Title: S
Name: WILLIAMS, LAWANDA J
Address: 12940 NW 20TH AVE
City-St-Zip: MIAMI, FL 33167

Title: FS
Name: HARRIS, PEGGY S
Address: 2702 AVENUE I
City-St-Zip: FT. PIERCE, FL 34947

Title: TRUS
Name: JOHNSON, VERNA
Address: 3432 NW 52ND AVE
City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEPHANIE L. DUKES

T

03/17/2012

Electronic Signature of Signing Officer or Director

_____ Date