

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90326 003 ****61.25

DOCUMENT # 759742

1. Entity Name

**FLORIDA STATE LEADERSHIP CONFERENCE ZETA PHI BET
A SORORITY, INCORPORATED**



Principal Place of Business

**1031 HAMPTON RD
DAYTONA BCH FL 32114
US**

Mailing Address

**1031 HAMPTON RD
DAYTONA BCH FL 32114
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2755092**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

Huretta M. Wright

Huretta M. Wright

1-23-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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
NAME	WRIGHT, HURETTA	
STREET ADDRESS	1031 HAMPTON ROAD	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	M	<input type="checkbox"/> Delete
NAME	JOHNSON, FRANCIS	
STREET ADDRESS	2624 EAST NORTH BAY	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BLOUNT, KAREN W SOROR	
STREET ADDRESS	5920 NW 14TH COURT	
CITY-ST-ZIP	SUNSHINE FL 33313	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	HAY, ALPHA	
STREET ADDRESS	1346 WEST 15TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209-4923	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOWARD, CARRIE W	
STREET ADDRESS	73 HICKS ROAD	
CITY-ST-ZIP	LAMONT FL 32336	
TITLE	CD	<input type="checkbox"/> Delete
NAME	LEE, DOROTHY P	
STREET ADDRESS	3459 PERCIVAL AVE	
CITY-ST-ZIP	MIAMI FL 33133	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Palmer, Michelle	
STREET ADDRESS	2215 King Charles Court	
CITY-ST-ZIP	Winter Park, FL 32792	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOUNT, KAREN W.	
STREET ADDRESS	5920 NW 14th Court	
CITY-ST-ZIP	SUNRISE, FL 33313	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Huretta M. Wright* *Huretta M. Wright* *1/23/03* *386-253-6918*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)