

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 764097**

1. Entity Name  
**DELTA SIGMA ZETA CHAPTER, INC.**



Principal Place of Business

**3432 N.W. 52 AVE.  
P.O. BOX 5806  
GAINESVILLE, FL 32602 US**

Mailing Address

**3432 NW 52 AVE.  
P.O. BOX 5806  
GAINESVILLE, FL 32602 US**



01142004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2736744**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**KINER, MARSHA  
1248 SE 13TH AVENUE  
P.O. BOX 5806  
GAINESVILLE, FL 32602**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**U000000156267  
05/05/04-80071-016 \$1.25**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
KINER, MARSHA  
1248 SE 13TH AVENUE  
GAINESVILLE, FL 32641**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
RUTLEDGE, ROSA  
15531 SW 95TH AVE  
ARCHER, FL 32618**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
STUCKMAN, FRANCES  
1129 NE 23RD STREET  
GAINESVILLE, FL 32641**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
KINER, JEAN  
1248 SE 13TH AVE.  
GAINESVILLE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
MORRIS, RUTH  
6801 N.W. 33RD ST.  
GAINESVILLE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
JOHNSON, VERNA  
3432 NW 52 AVE  
GAINESVILLE, FL**

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-28-04 352 3160439**