

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2005 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



02102005 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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KINER, MARSHA
STREET ADDRESS	1248 SE 13TH AVENUE
CITY-ST-ZIP	GAINESVILLE, FL 32641
TITLE	D
NAME	RUTLEDGE, ROSA
STREET ADDRESS	15531 SW 95TH AVE
CITY-ST-ZIP	ARCHER, FL 32618
TITLE	T
NAME	STUCKMAN, FRANCES
STREET ADDRESS	1129 NE 23RD STREET
CITY-ST-ZIP	GAINESVILLE, FL 32641
TITLE	S
NAME	KINER, JEAN
STREET ADDRESS	1248 SE 13TH AVE.
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	VD
NAME	MORRIS, RUTH
STREET ADDRESS	8801 N.W. 33RD ST.
CITY-ST-ZIP	GAINESVILLE, FL
TITLE	D
NAME	JOHNSON, VERNA
STREET ADDRESS	3432 NW 52 AVE
CITY-ST-ZIP	GAINESVILLE, FL

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03/08/05-80015-002 61.25

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-05 352-373-6881

Date

Daytime Phone #