

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90070 003 \*\*\*\*61.25

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<b>DOCUMENT # 764097</b> 1. Entity Name <b>DELTA SIGMA ZETA CHAPTER, INC.</b>					
Principal Place of Business 3432 NW 52 AVE P.O. BOX 5806 GAINESVILLE, FL 32627 US			Mailing Address 3432 NW 52 AVE P.O. BOX 5806 GAINESVILLE, FL 32627 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2736744</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KINER, MARSHA 1248 SE 13TH AVENUE P.O. BOX 5806 GAINESVILLE, FL 32627				Name <b>Alena Lawson</b> Street Address (P.O. Box Number is Not Acceptable) <b>34718 NW 30 PL</b> City <b>Newberry</b> <b>FL</b> Zip Code <b>32669</b>	
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 <u><b>Alena K. Lawson</b></u> <span style="float: right;">4/12/2007</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P- <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAWSON, ALENA	NAME			
STREET ADDRESS	P.O. BOX 1032	STREET ADDRESS			
CITY-ST-ZIP	NEWBERRY, FL 32669	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUTLEDGE, ROSA	NAME			
STREET ADDRESS	15531 SW 95TH AVE	STREET ADDRESS			
CITY-ST-ZIP	ARCHER, FL 32618	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STUCKMAN, FRANCES	NAME			
STREET ADDRESS	1129 NE 23RD STREET	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32641	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KINER, JEAN	NAME			
STREET ADDRESS	1248 SE 13TH AVE.	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32627	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORRIS, RUTH	NAME			
STREET ADDRESS	6801 N.W. 33RD ST.	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32601	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSON, VERNA	NAME			
STREET ADDRESS	3432 NW 52 AVE	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32602	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
SIGNATURE: <u><b>Alena K. Lawson</b></u> <span style="float: right;">4/12/2007 (352) 472-5861</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					