

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764097

FILED
Mar 19, 2009
Secretary of State

Entity Name: DELTA SIGMA ZETA CHAPTER, INC.

Current Principal Place of Business:

1951 SE 4TH ST
GAINESVILLE, FL 32641 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5806
GAINESVILLE, FL 32627 US

New Mailing Address:

FEI Number: 59-2736744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWSON, ALENA
54718 NW 30 PL
NEWBERRY, FL 32669 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: P () Delete
Name: LAWSON, ALENA
Address: 54718 NW 30 PL
City-St-Zip: NEWBERRY, FL 32669 US

Title: D () Delete
Name: RUTLEDGE, ROSA
Address: 15531 SW 95TH AVE
City-St-Zip: ARCHER, FL 32618 US

Title: T () Delete
Name: STUCKMAN, FRANCES
Address: 1129 NE 23RD STREET
City-St-Zip: GAINESVILLE, FL 32641 US

Title: S () Delete
Name: KINER, JEAN
Address: 1248 SE 13TH AVE.
City-St-Zip: GAINESVILLE, FL 32627 US

Title: D () Delete
Name: JOHNSON, VERNA
Address: 3432 NW 52 AVE
City-St-Zip: GAINESVILLE, FL 32602 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: FRANCES STUCKMAN

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03/19/2009

Electronic Signature of Signing Officer or Director

Date