2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2005
Secretary of State

DOCUMENT# 764906

Entity Name: IOTA OMICRON ZETA CHAPTER OF ZETA PHI BETA SORORITY, INC.

Current Principal Place of Business:

P O BOX 0614
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

P O BOX 0614
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number: 53-0261012 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HARPER, LAWANDA E
158 S FLAME AVENUE
PAHOKEE, FL 33476 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: HARPER, LAWANDA E
Address: 158 S FLAME AVENUE
City-St-Zip: PAHOKEE, FL 33476

Title: VP ( ) Delete
Name: EVERETT, ROBBIE M
Address: 331 E 2ND STREET
City-St-Zip: PAHOKEE, FL 33476

Title: S ( ) Delete
Name: WILLIAMS, ARTISHA
Address: 545 SW 6TH STREET
City-St-Zip: BELLE GLADE, FL 33430

Title: T ( ) Delete
Name: TERRY, JESSIE P
Address: 1136 SONATA WAY
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D ( ) Delete
Name: DAVIS, CLARICE T
Address: 518 S W 2ND STREET
City-St-Zip: BELLE GLADE, FL 33430

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 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 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: LAWANDA HARPER P 07/06/2005
Electronic Signature of Signing Officer or Director — Date