2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # 764906

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

Principal Place of Business	Mailing Address
P O BOX 0614 BELLE GLADE, FL 33430	P O BOX 0614 BELLE GLADE, FL 33430

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03112006 No Chg-NP CR2E037 (11/05)

4. FEI Number
53-0261012
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HARPER, LAWANDA E
158 S FLAME AVENUE
PAHOKEE, FL 33476

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HARPER, LAWANDA E
STREET ADDRESS	158 S FLAME AVENUE
CITY-ST-ZIP	PAHOKEE, FL 33476
TITLE	VP
NAME	EVERETT, ROBBIE M
STREET ADDRESS	331 E 2ND STREET
CITY-ST-ZIP	PAHOKEE, FL 33476
TITLE	S
NAME	WILLIAMS, ARTISHA
STREET ADDRESS	545 SW 8TH STREET
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	T
NAME	TERRY, JESSIE P
STREET ADDRESS	1136 SONATA WAY
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	D
NAME	DAVIS, CLARICE T
STREET ADDRESS	516 S W 2ND STREET
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000467996
03/24/06-80013-018 61.25

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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: Lawanda Harper 3/11/06 561-924-3126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #