

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006315

FILED  
Mar 17, 2007  
Secretary of State

**Entity Name:** ETA ALPHA ZETA CHAPTER, ZETA PHI BETA, INC.

**Current Principal Place of Business:**

3035 LAFAYETTE STREET  
FORT MYERS, FL 33916

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 572  
FT. MYERS, FL 33902

**New Mailing Address:**

**FEI Number:** 52-1601913

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVIS, LORAIN W  
1603 DELAWARE AVENUE  
FORT MYERS, FL 33916 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: DP ( ) Delete  
Name: STOCKNER, BARBARA A  
Address: 5061 32ND AVENUE, SW  
City-St-Zip: NAPLES, FL 34116

Title: DV ( ) Delete  
Name: WILLIAMS, MARTHA T  
Address: 3035 LAFAYETTE STREET  
City-St-Zip: FORT MYERS, FL 33916

Title: DS ( ) Delete  
Name: COOK, BARBARA  
Address: 1525 HIGH STREET  
City-St-Zip: FORT MYERS, FL 33916

Title: DAS ( ) Delete  
Name: GANZY, EARNESTINE  
Address: 4093 BALLARD STREET  
City-St-Zip: NAPLES, FL 33916

Title: DT ( ) Delete  
Name: WILLIAMS, KENDRA  
Address: 1170 WILDWOOD LAKES BLVD.  
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete  
Name: MCDANIEL, ODESSA  
Address: 520 THOMPSON AVENUE  
City-St-Zip: LEHIGH ACRES, FL 33972

**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:

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 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: KENDRA WILLIAMS

DT

03/17/2007

Electronic Signature of Signing Officer or Director

Date