2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N02000006315

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, LORAINE 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 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: BARBARA STOCKNER DP 01/08/2009

Electronic Signature of Signing Officer or Director — Date