

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02407

(7)

1. Corporation Name

MU BETA ZETA CHAPTER, INC.

Principal Place of Business

Mailing Address

629
746 S.W. HOUSTON AVE
LIVE OAK FL 32060

710 S.W. HOUSTON AVE
LIVE OAK FL 32060

FILED

98 APR 27 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/06/1984

3a. Date of Last Report
12/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LINTON, RUTH R
18447 115TH RD.
MCALPIN FL 32062

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Ruth R. Linton / Registered Agent

3/8/98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME STEPHENS, LAFRANCES W
STREET ADDRESS 629 746 HOUSTON AVE S.W.
CITY-ST-ZIP LIVE OAK FL 32060

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

600002510796--6
-05/05/98--01057--009

TITLE ☐ DELETE

NAME GREGGS, LAFRANCES
STREET ADDRESS 909 N.W. SECOND ST.
CITY-ST-ZIP LIVE OAK FL 32060

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

*****61.25 *****61.25

TITLE SD ☐ DELETE

NAME LINTON, RUTH R
STREET ADDRESS 18447 115TH RD.
CITY-ST-ZIP MCALPIN FL 32062

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

600002510796--6
-05/05/98--01057--010

*****236.25 *****236.25

TITLE SD ☐ DELETE

NAME JACKSON, EVELYN
STREET ADDRESS 7871 COUNTY ROAD #417
CITY-ST-ZIP LIVE OAK FL 32060

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE C ☐ DELETE

NAME MARTIN, MARY FRANCES
STREET ADDRESS 518 S. HOUSTON STREET
CITY-ST-ZIP LIVE OAK FL 32060

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE FSD ☐ DELETE

NAME BROWN, RITA L
STREET ADDRESS 1204 RAILROAD AVE
CITY-ST-ZIP LIVE OAK FL 32060

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: RUTH R. LINTON

3/8/98 19010312-2145

CR2E037 (4/97)