FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:09

DOCUMENT # N02968 (8)

1. Corporation Name
BETA TAU ZETA CHAPTER, INC.

Principal Place of Business	Mailing Address
1035 N.W. 57 STREET P.O. BOX 471000 MIAMI FL 33147	1035 N.W. 57 STREET P.O. BOX 471000 MIAMI FL 33147

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/09/1984
3a. Date of Last Report: 06/28/1994
4. FEI Number: 52-1345295 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☒ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

CAMPBELL, BETTIE D.
4664 SW 127 PLACE
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name: VERA THOMPSON
82 Street Address (P.O. Box Number is Not Acceptable): 4340 N.W. 186 STREET
83
84 City: MIAMI FL 85 Zip Code: 33055

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Vera Thompson VERA THOMPSON RESIDENT AGENT DATE: APRIL 24, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when filing/altering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☒ Addition
NAME	MARIETTA BULLARD	12 NAME	
STREET ADDRESS	1035 N.W. 57TH STREET	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☒ Addition
NAME	LILLIE HARRIS	22 NAME	
STREET ADDRESS	6321 SW 64TH ST	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☒ Change ☐ Addition
NAME	ESTHER WITHERS	32 NAME	DEBRA DAWKINS
STREET ADDRESS	2360 SW 67 WAY	33 STREET ADDRESS	1840 NW 49 STREET
CITY-ST-ZIP	MIRAMAR FL	34 CITY-ST-ZIP	MIAMI, FL 33142
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	SHANNON, MARIAN H.	42 NAME	
STREET ADDRESS	2191 NW 58 ST.	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☒ Addition
NAME	LEE, DOROTHY	52 NAME	
STREET ADDRESS	3459 PERCIVAL AVE	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☒ Addition
NAME		62 NAME	ALBERTA W. GODFREY
STREET ADDRESS		63 STREET ADDRESS	1054 NW 38 STREET
CITY-ST-ZIP		64 CITY-ST-ZIP	MIAMI, FL 33127

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: MARIAN H. SHANNON Marian H. Shannon 4/26/95 (305)634-7302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007201