

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N02968** (8)

1. Corporation Name

BETA TAU ZETA CHAPTER OF ZETA PHI BETA SORORITY, INC.



Principal Place of Business

Mailing Address

1035 N.W. 57 STREET **33127**
P.O. BOX 471000
MIAMI FL 33147

1035 N.W. 57 STREET **33127**
P.O. BOX 471000
MIAMI FL 33147

3. Date Incorporated or Qualified
05/09/1984

3a. Date of Last Report
05/01/1995

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes



Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

VERA THOMPSON

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

4340 NW 186 ST.

83

84 City

MIAMI

FL

85 Zip Code

33055

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

VERA THOMPSON

VERA THOMPSON

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD
MARIETTA BULLARD
1035 N.W. 57TH STREET
MIAMI FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SVP
LILLIE HARRIS
6321 SW 64TH ST
MIAMI FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**S
DAWKINS, DEBRA
1840 NW 39 STREET
MIAMI FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**T
SHANNON, MARIAN H.
2191 NW 58 ST.
MIAMI FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**FVP
LEE, DOROTHY
3459 PERCIVAL AVE
MIAMI FL**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
GODFREY, ALBERTA W
1054 NW 38 STREET
MIAMI FL**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**FRANCENA KOCH
10850 S.W. 164 ST
MIAMI 33157**

☒ Change

☐ Addition

232-9695

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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)(k), 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 1/18/96 (305) 634-7302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)