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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N02968**

1. Corporation Name

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

Principal Place of Business	Mailing Address
10850 SW 164 ST P.O. BOX 471000 MIAMI FL 33157 US	P O BOX 471000 P.O. BOX 471000 MIAMI FL 33247 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/09/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 52-1345295 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THOMPSON, VERA 43440 NW 186 ST MIAMI FL 33055	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MARIETTA BULLARD		1.2 NAME	Koch, FRANCENA J.	
STREET ADDRESS	1035 N.W. 57TH STREET		1.3 STREET ADDRESS	10850 S.W 164TH St.	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	DVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RANDALL, LULA		2.2 NAME		
STREET ADDRESS	14305 SW 109 CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DAWKINS, DEBRA		3.2 NAME		
STREET ADDRESS	1840 NW 39 STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	4.1 TITLE	T	☒ Change ☐ Addition
NAME	SHANNON, MARIAN H.		4.2 NAME	BAKER, ANNIE B.	
STREET ADDRESS	2191 NW 58 ST.		4.3 STREET ADDRESS	3802 Oak, Ave	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Miami, FL 33133	
TITLE	FVP	☒ DELETE	5.1 TITLE	FVP	☒ Change ☐ Addition
NAME	LEE, DOROTHY		5.2 NAME	GIBSON, DR. SANDRA E.	
STREET ADDRESS	3459 PERCIVAL AVE		5.3 STREET ADDRESS	20632 NE 7TH CT.	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	Miami, FL 33179	
TITLE	D	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	GODFREY, ALBERTA W		6.2 NAME	Bullard, Marietta	
STREET ADDRESS	1054 NW 38 STREET		6.3 STREET ADDRESS	1035 N.W. 57TH St.	
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	Miami, FL 33127	

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED ANNIE B. BAKER 2/13/99 305/243-3411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #