

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N03000006012

1. Entity Name
ZETA PEARL FOUNDATION, INC.



Principal Place of Business
**304 NW 6TH AVENUE
DELRAY BEACH, FL 33445**

Mailing Address
**304 NW 6TH AVENUE
DELRAY BEACH, FL 33445**

FILED
Sep 05, 2006 08:00 AM
Secretary of State



08212006 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
45-0519858

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARDEN, MARILYN
304 NW 6TH AVENUE
DELRAY BEACH, FL 33445**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME NEWTON, MARGARET
STREET ADDRESS 701 NW 4TH STREET
CITY-ST-ZIP BOYNTON BEACH, FL 33435

TITLE D
NAME MOODIE, CLOVIS
STREET ADDRESS 3638 S.E STREET
CITY-ST-ZIP BOYNTON BEACH, FL 33435

TITLE D
NAME HARDEN, MARILYN
STREET ADDRESS 304 NW 6TH AVENUE
CITY-ST-ZIP DELRAY BEACH, FL 33445

TITLE D
NAME GRANT, DARLENE K
STREET ADDRESS 644 SW 7TH STREET
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE D
NAME IVERY, CARYLA
STREET ADDRESS 218 NW 13TH AVENUE
CITY-ST-ZIP DELRAY BEACH, FL 33444

TITLE D
NAME WESLEY, ELIZABETH
STREET ADDRESS 309 SW 15TH TERRACE
CITY-ST-ZIP DELRAY BEACH, FL 33444

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09/05/06-20002-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4929