

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90028 018 \*\*\*\*61.25

**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**

**40062809**



03142008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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 acknowledge the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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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IN THIS SPACE**

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, changed, or on an attachment with an address, with all other like empowered.