

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006012

FILED
Apr 11, 2009
Secretary of State

Entity Name: ZETA PEARL FOUNDATION, INC.

Current Principal Place of Business:

304 NW 6TH AVENUE
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

304 NW 6TH AVENUE
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 45-0519858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NEWTON, MARGARET
Address: 701 NW 4TH STREET
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D () Delete
Name: MOODIE, CLOVIS
Address: 3638 S.E STREET
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D () Delete
Name: HARDEN, MARILYN
Address: 304 NW 6TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: GRANT, DARLENE K
Address: 644 SW 7TH STREET
City-St-Zip: DELRAY BEACH, FL 33444

Title: D () Delete
Name: IVERY, CARYLA
Address: 218 NW 13TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: D () Delete
Name: WESLEY, ELIZABETH
Address: 309 SW 15TH TERRACE
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DEBORAH, WRIGHT
Address: O.O. BOX 7262
City-St-Zip: DELRAY BEACH, FL 33482

Title: D (X) Change () Addition
Name: IVERY, CARYLA K
Address: 218 NW 13TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: D (X) Change () Addition
Name: STACY, STEPHENS-MILLE MRS
Address: 400 CIRCLE DR S,
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D (X) Change () Addition
Name: FARRINGTON, CHARLENE
Address: 314 NW 2ND AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLOVIS MOODIE

D

04/11/2009

Electronic Signature of Signing Officer or Director

Date