

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001856

FILED
Jul 11, 2009
Secretary of State

Entity Name: BETA SIGMA ZETA CHAPTER, INC.

Current Principal Place of Business:

2605 21ST AVE
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

2605 21ST AVE
TAMPA, FL 33605

New Mailing Address:

P. O. BOX 11967
TAMPA, FL 33680

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KINSEY, BETTY L
4201 UNION STREET
TAMPA, FL 33607 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: LEMONS, MICHELLE
Address: 3146 SUNSET LAKE BLVD
City-St-Zip: LAND O LAKES, FL 34639

Title: D () Delete
Name: HARRIS, LEE R
Address: 9851 GILCHRIST DR
City-St-Zip: SEFFNER, FL 33584

Title: D () Delete
Name: JOHNSON, IRENE
Address: 4305 E. POWATTAN
City-St-Zip: TAMPA, FL 33610

Title: T () Delete
Name: KINSEY, BETTY L
Address: 4201 UNION ST
City-St-Zip: TAMPA, FL 33607

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: BUSM () Change (X) Addition
Name: CUSSEAU, ELLA N
Address: 1909 N HUBERT AVE
City-St-Zip: TAMPA, FL 33607

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: MICHELLE LEMONS

PRES

07/11/2009

Electronic Signature of Signing Officer or Director

_____ Date