

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90135 014 ****61.25

DOCUMENT # N08927

1. Entity Name

**ZETA GAMMA ZETA CHAPTER, ZETA PHI BETA
SORORITY, INC.**



Principal Place of Business

**642-61 AVE. S.
SAINT PETERSBURG FL 33705
US**

Mailing Address

**PO BOX 10627
ST. PETERSBURG FL 33733
US**



2. Principal Place of Business

6101 30th St S.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 10627

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/04)

City & State

St. Petersburg FL

City & State

St. Petersburg FL

4. FEI Number

59-6178347

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, DAPHNE Y
642-61 AVE. S.
SAINT PETERSBURG FL 33705**

7. Name and Address of New Registered Agent

Roslyn J. Cunningham

Street Address (P.O. Box Number is Not Acceptable)

6101 30th St S.

St. Petersburg

FL

Zip Code

33712

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

Roslyn J. Cunningham **Roslyn J. Cunningham** **3/31/05**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	☒ Delete
NAME	MILLER, DAPHNE	
STREET ADDRESS	642-61ST AVENUE SO	
CITY-ST-ZIP	ST PETERSBURG FL 33705	
TITLE	VD	☒ Delete
NAME	CUNNINGHAM, ROSLYN	
STREET ADDRESS	6101 30 ST. SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	
TITLE	VD	☒ Delete
NAME	BELL, ALMA	
STREET ADDRESS	1110 ANSURIA WAY S	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE	SD	☐ Delete
NAME	JONES, PAULETTE	
STREET ADDRESS	2129 16TH AVE SO	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	I	☐ Delete
NAME	WREAVES, LOUELLAR	
STREET ADDRESS	2631 37TH STREET SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33711	
TITLE	ST	☒ Delete
NAME	CAVIN, EMMA C	
STREET ADDRESS	3697 29TH AVE SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33711	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Change ☐ Addition
NAME	Roslyn J. Cunningham	
STREET ADDRESS	6101 30th St S.	
CITY-ST-ZIP	St. Petersburg FL 33712	
TITLE	VD	☒ Change ☐ Addition
NAME	ALMA Bell	
STREET ADDRESS	1110 ANSURIA WAY S	
CITY-ST-ZIP	St. Petersburg FL 33712	
TITLE	VD	☒ Change ☐ Addition
NAME	Lisa Wilson	
STREET ADDRESS	2301 41st St S.	
CITY-ST-ZIP	St. Petersburg FL 33711	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	☒ Change ☐ Addition
NAME	KAY Mullen	
STREET ADDRESS	1616 42nd St S.	
CITY-ST-ZIP	St. Petersburg FL 33712	

12. 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 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:

Roslyn J. Cunningham **Roslyn J. Cunningham** **3/31/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #