


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N08927 1. Entity Name ZETA GAMMA ZETA CHAPTER, ZETA PHI BETA SORORITY, INC.					
Principal Place of Business 6101 30TH ST S SAINT PETERSBURG FL 33712 US			Mailing Address PO BOX 10627 SAINT PETERSBURG FL 33712 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		4. FEI Number 59-6178347 Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CUNNINGHAM, ROSLYN J 6101 30TH ST S SAINT PETERSBURG FL 33712				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reappointing) <small>Signature typed or printed name of registered agent and title if applicable</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUNNINGHAM, ROSLYN J 6101 30TH ST S SAINT PETERSBURG FL 33712	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BELL, ALMA 1110 ANSURIA WAYS SAINT PETERSBURG FL 33712	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILSON, LISA 2310 41ST S SAINT PETERSBURG FL 33712	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, PAULETTE 2129 16TH AVE SO ST PETERSBURG FL 33712	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WREAVES, LOUELLAR 2631 37TH STREET SOUTH ST PETERSBURG FL 33711	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MULLEN, KAY 1616 42ND ST S SAINT PETERSBURG FL 33712	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	



1st MOORE CR2E037 (10/05)

59-6178347 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	<input type="checkbox"/> Delete
NAME	CUNNINGHAM, ROSLYN J	
STREET ADDRESS	6101 30TH ST S	
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BELL, ALMA	
STREET ADDRESS	1110 ANSURIA WAYS	
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WILSON, LISA	
STREET ADDRESS	2310 41ST S	
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JONES, PAULETTE	
STREET ADDRESS	2129 16TH AVE SO	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	T	<input type="checkbox"/> Delete
NAME	WREAVES, LOUELLAR	
STREET ADDRESS	2631 37TH STREET SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33711	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MULLEN, KAY	
STREET ADDRESS	1616 42ND ST S	
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	100000461307	
CITY-ST-ZIP	03/20/06-80046 011 61.25	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NAME	
CITY-ST-ZIP	STREET ADDRESS	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NAME	
CITY-ST-ZIP	STREET ADDRESS	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	NAME	
CITY-ST-ZIP	STREET ADDRESS	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.