


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90171 049 \*\*\*\*70.00

<b>DOCUMENT # N08927</b> 1. Entity Name <b>ZETA GAMMA ZETA CHAPTER, ZETA PHI BETA SORORITY, INC.</b>					
Principal Place of Business <b>1110 ASTURIA WAY S. SAINT PETERSBURG, FL 33712 US</b>			Mailing Address <b>PO BOX 10627 SAINT PETERSBURG, FL 33733 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-6178347</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BELL, ALMA S 1110 ASTURIA WAY SOUTH SAINT PETERSBURG, FL 33712</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELL, ALMA S		NAME		
STREET ADDRESS	1110 ASTURIA WAY S.		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL		CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BELL, ALMA		NAME		
STREET ADDRESS	1110 ANSURIA WAYS		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, LISA		NAME		
STREET ADDRESS	5925 25TH STREET S		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVERETT, JENNIFER		NAME		
STREET ADDRESS	450 76TH AVENUE N. APT 3085		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, JACQULIN		NAME		
STREET ADDRESS	4024 31ST STREET S		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712		CITY-ST-ZIP		
TITLE	ST <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MULLEN, KAY		NAME		
STREET ADDRESS	1616 42ND ST S		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712		CITY-ST-ZIP		
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 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Jacquelin B. Williams</i> <b>Jacquelin B. Williams</b> 4/29/08 727/417-7775 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					