

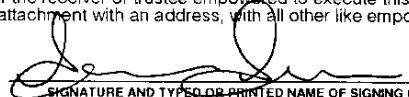


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

<b>DOCUMENT # N12376</b> 1. Entity Name <b>EPSILON EPSILON ZETA CHAPTER, INC.</b>						<b>FILED</b> <b>05 SEP 15 AM 11:44</b> SECRETARY OF STATE <b>50066885</b> TALLAHASSEE, FLORIDA 	
Principal Place of Business <b>P. O. BOX 555682 ORLANDO FL 32855 US</b>				Mailing Address <b>PO BOX 555682 ORLANDO FL 32855</b>			
2. Principal Place of Business		3. Mailing Address		1st MOORE CR2E037 (10/04)  4. FEI Number <b>59-6178356</b> Applied For <input type="checkbox"/> Not Applicable  5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent  <b>SMITH, SONIA 11426 PINWOOD COVE LN ORLANDO FL 32817</b>				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</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 NAME STREET ADDRESS CITY-ST-ZIP	PD BURGESS, GRACE <input checked="" type="checkbox"/> Delete 220 DOMINO DR ORLANDO FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LIGONS, TANITA H 169 LOG JAM CRT OCOEE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VD <input checked="" type="checkbox"/> Delete LIGONS, TANITA H 169 LOG JAM CRT OCOEE FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VD <input type="checkbox"/> Change <input type="checkbox"/> Addition CASSANDRA THOMAS PO BOX 555682 ORLANDO FL 32855		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VD <input type="checkbox"/> Delete THOMAS, CASSANDRA PO BOX 555682 ORLANDO FL 32855			TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHRISTILYN LEVARTY 3VD <input type="checkbox"/> Change <input type="checkbox"/> Addition PO BOX 555682 ORLANDO FL 32855		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3VD <input checked="" type="checkbox"/> Delete CASH, CHRISTIE 1296 CROW WAY # 208 CASSELBERRY FL 32707			TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SWEET, DENEEN <input type="checkbox"/> Change <input type="checkbox"/> Addition PO BOX 555682 ORLANDO FL 32855		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input type="checkbox"/> Delete SWEET, DENEEN PO BOX 555682 ORLANDO FL 32855			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition SONIA SMITH 11426 PINWOOD COVE LN ORLANDO FL 32817		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete SMITH, SONIA 11426 PINWOOD COVE LN ORLANDO FL 32817			700059778097 09/20/05--01032--015 **61.25			
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.							
<b>SIGNATURE:</b>  <b>Sonia Smith</b> 8/30/2005 (407)384-5713 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							