

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90281 013 ****61.25

DOCUMENT # N12376

1. Entity Name
EPSILON EPSILON ZETA CHAPTER, INC.



Principal Place of Business
P. O. BOX 555682
ORLANDO, FL 32855 US

Mailing Address
PO BOX 555682
ORLANDO, FL 32855



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-6178356

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, SONIA
11426 PINWOOD COVE LN
ORLANDO, FL 32817

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME LIGONS, TANITA H
STREET ADDRESS 169 LOG JAM COURT
CITY-ST-ZIP OCOEE, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE 3VD
NAME EVARITY, CHRISTILYN
STREET ADDRESS P.O. BOX 555682
CITY-ST-ZIP ORLANDO, FL 328555682 ☐ Delete

TITLE
NAME LEVARTY, CHRISTILYN ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE 2VD
NAME THOMAS, CASSANDRA
STREET ADDRESS PO BOX 555682
CITY-ST-ZIP ORLANDO, FL 32855 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST
NAME SWEET, DENEEN
STREET ADDRESS PO BOX 555682
CITY-ST-ZIP ORLANDO, FL 32855 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME SMITH, SONIA
STREET ADDRESS 11426 PINWOOD COVE LN
CITY-ST-ZIP ORLANDO, FL 32817 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

[Signature] TD

3/10/06 321-695-F15

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #