

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N12376

FILED
Oct 24, 2007
Secretary of State

Entity Name: EPSILON EPSILON ZETA CHAPTER, INC.

Current Principal Place of Business:

P. O. BOX 555682
ORLANDO, FL 32855 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 555682
ORLANDO, FL 32855

New Mailing Address:

FEI Number: 59-6178356 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, SONIA
11426 PINWOOD COVE LN
ORLANDO, FL 32817 US

Name and Address of New Registered Agent:

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.

SIGNATURE: SONIA SMITH

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LIGONS, TANITA H
Address: 169 LOG JAM COURT
City-St-Zip: OCOEE, FL

Title: 3VD () Delete
Name: LEVARTY, CHRISTILYN
Address: P.O. BOX 555682
City-St-Zip: ORLANDO, FL 32855682 US

Title: 2VD () Delete
Name: THOMAS, CASSANDRA
Address: PO BOX 555682
City-St-Zip: ORLANDO, FL 32855

Title: ST () Delete
Name: SWEET, DENEEN
Address: PO BOX 555682
City-St-Zip: ORLANDO, FL 32855

Title: TD () Delete
Name: SMITH, SONIA
Address: 11426 PINWOOD COVE LN
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ROYAL, LASHONDA N
Address: 1341 KINTLA ROAD
City-St-Zip: APOPKA, FL 32712

Title: VP (X) Change () Addition
Name: LIGONS, TANITA
Address: P.O. BOX 555682
City-St-Zip: ORLANDO, FL 32855682 US

Title: 2VP (X) Change () Addition
Name: FANFAN-SISSOKO, SCHELLIE
Address: PO BOX 555682
City-St-Zip: ORLANDO, FL 32855

Title: ST (X) Change () Addition
Name: HARDY, KRISTLE
Address: PO BOX 555682
City-St-Zip: ORLANDO, FL 32855

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LASHONDA ROYAL

PRES

10/24/2007

Electronic Signature of Signing Officer or Director

Date