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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005883

1. Corporation Name

BETA TAU ZETA ROYAL ASSOCIATION, INC.

Principal Place of Business

1748-1749 NW 54 ST
MIAMI FL 33142
US

Mailing Address

1050 N.W. 87TH STREET
MIAMI FL 33150



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/01/1994

4. FEI Number

65-0539694

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

VICKERS, ROSETTA J
1050 NW 87 ST
MIAMI FL 33150

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME VICKERS, ROSETTA J
STREET ADDRESS 1030 N.W. 67 STREET
CITY-ST-ZIP MIAMI FL 33150

TITLE VPD ☐ DELETE

NAME LAWSON, LORENE B.
STREET ADDRESS 4710 N.W. 11TH AVE.
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME SMITH, LENORA
STREET ADDRESS 1960 N.W. 172ND
CITY-ST-ZIP MIAMI FL 33056

TITLE TD ☐ DELETE

NAME LEE, DOROTHY P
STREET ADDRESS 3459 PERCIVAL AVE
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME WALLER, NETTIE J
STREET ADDRESS 5831 NW 9TH AVENUE
CITY-ST-ZIP MIAMI FL 33127

TITLE VPD ☐ DELETE

NAME HARDEN, DORIS
STREET ADDRESS 2300 NW 152 TERR
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROSETTA J. VICKERS

2/16/99 (305) 836-7060

CR2E037 (11/98)