

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 21, 2009
Secretary of State

DOCUMENT# N94000005883

Entity Name: BETA TAU ZETA ROYAL ASSOCIATION, INC.**Current Principal Place of Business:**1743-1749 NW 54 ST
MIAMI, FL 33142 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 471000
MIAMI, FL 33247**New Mailing Address:****FEI Number:** 65-0539694**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**VICKERS, ROSETTA J
1050 NW 87 ST
MIAMI, FL 33150 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** TD () Delete
Name: TAYLOR, LILLIAN
Address: 17940 NW 7TH AVE
City-St-Zip: MIAMI, FL 33169**Title:** SD () Delete
Name: VAUGHT, LORRAINE
Address: 5221 NW 5 AVE
City-St-Zip: MIAMI, FL 33179**Title:** CD () Delete
Name: HOWARD, ULYSSES
Address: 5097 S.W. 167 AVENUE
City-St-Zip: MIRAMAR, FL 33027**Title:** TD () Delete
Name: KERR, JOHNNIE M
Address: 2330 NW 187 TERRACE
City-St-Zip: MIAMI, FL 33056**Title:** D (X) Delete
Name: MAULL, ALVA
Address: 1150 NW 87TH ST
City-St-Zip: MIAMI, FL 33150**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** CD (X) Change () Addition
Name: HOWARD, ULYSSES
Address: 5097 SW 167 AVENUE
City-St-Zip: MIRAMAR, FL 33027**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** TD (X) Change () Addition
Name: TAYLOR, LILLIAN
Address: 17940 NW 7TH AVENUE
City-St-Zip: MIAMI, FL 33169**Title:** D (X) Change () Addition
Name: MAULL, ALVA
Address: 1150 NW 87TH STREET
City-St-Zip: MIAMI, FL 33150**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: ROSETTA J. VICKERS

PRES

09/21/2009

Electronic Signature of Signing Officer or Director

Date