

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # N96000001895

1. Entity Name
ZETA D.O.V.E. FOUNDATION, INCORPORATED



Principal Place of Business
**6571 NW 46 ST
LAUDERHILL, FL 33319**

Mailing Address
**P.O. BOX 15811
FORT LAUDERDALE, FL 33318**

DO NOT WRITE IN THIS SPACE



01152008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0685991

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BLOUNT, KAREN W
5920 NW 14TH COURT
SUNRISE, FL 33313**

**DO NOT WRITE
IN THIS SPACE**

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

Karen W. Blount

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

(NOTE: Registered Agent signature required when reinstating)

3/3/2008

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U000000851178
03/25/08-80028-011 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HANKERSON, VERA M 6571 NW 46TH STREET LAUDERHILL, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NAVES, ANNE F 4520 NW 16 STREET LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAPPY, ROSAMOND 478 E. EVANSTON CIRCLE FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCDANIEL, AUGUSTINE 237 NW 101 AVENUE PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSBERRY, VIRGINIA 3511 NW 23 STREET LAUDERDALE LAKES, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, EVELYN 426 NW 9TH LANE FORT LAUDERDALE, FL 33311

**DO NOT WRITE
IN THIS SPACE**

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:

Augustine McDaniel - Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 3, 2008 *954-476-2363*

DATE

Daytime Phone #