

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003525 (0)

1. Corporation Name

ZETA EDUCATIONAL THESPIAN ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2825 W. ORANGE AVE.
TALLAHASSEE FL 32310-59112825 W. ORANGE AVE.
TALLAHASSEE FL 32310-5911

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/03/1996

3a. Date of Last Report

4. FEI Number

59-3384732

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

BROWN, ROSA T
2825 W. ORANGE AVE.
TALLAHASSEE FL 32310-5911

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
NAME EVERETTE, MATTIE
STREET ADDRESS C/O 2825 W. ORANGE AVE.
CITY-ST-ZIP TALLAHASSEE FL 32310-5911

DELETE

TITLE VD
NAME GALLMAN, HELLEN
STREET ADDRESS C/O 2825 W. ORANGE AVE.
CITY-ST-ZIP TALLAHASSEE FL 32310-5911

DELETE

TITLE D
NAME BROWN, ROSA T
STREET ADDRESS 2825 W. ORANGE AVE.
CITY-ST-ZIP TALLAHASSEE FL 32310-5911

DELETE

TITLE T
NAME NICHOLS, LILA L
STREET ADDRESS C/O 2825 W. ORANGE AVE.
CITY-ST-ZIP TALLAHASSEE FL 32310-5911

DELETE

TITLE S
NAME WITHERS, ESTHER
STREET ADDRESS ~~C/O 2825 W. ORANGE AVE.~~
CITY-ST-ZIP ~~TALLAHASSEE FL 32310-5911~~

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/Director
1.2 NAME Helen Gallman
1.3 STREET ADDRESS 801 Kettle Circle
1.4 CITY-ST-ZIP Daytona Beach, FL 32014

Change Addition

2.1 TITLE Vice President
2.2 NAME Leona T. Sumpter
2.3 STREET ADDRESS 820 Crawford St
2.4 CITY-ST-ZIP Quincy, FL 32351

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE Treasurer
4.2 NAME Debra Lawrence
4.3 STREET ADDRESS P.O. Box 983 N/A
4.4 CITY-ST-ZIP Freeport, FL 32439

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS 17500 SW 100th St
5.4 CITY-ST-ZIP Miami, FL 33157

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0008278

CR2E037 (9/96)