FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
Apr 22, 1999 8:00 am
Secretary of State
04-22-1999 90119 038 ****61.25

DOCUMENT # N96000003525

1. Corporation Name
ZETA EDUCATIONAL THESPIAN ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2825 W. ORANGE AVE. TALLAHASSEE FL 32310-5911	2825 W. ORANGE AVE. TALLAHASSEE FL 32310-5911

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/03/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3384732 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GALLMAN, HELEN		1.2 NAME	
STREET ADDRESS	801 KOTTLE CIRCLE		1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114		1.4 CITY-ST-ZIP	
TITLE	M	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, ROSA T		2.2 NAME	
STREET ADDRESS	2825 W. ORANGE AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32310-5911		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LAWRENCE, DEBRA		3.2 NAME	
STREET ADDRESS	518 OLD JOLLY BAY RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	FREEPORT FL 32439		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WITHERS, ESTHER		4.2 NAME	
STREET ADDRESS	17500 SW 100TH ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33023		4.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SUMPTER, LEONA T		5.2 NAME	
STREET ADDRESS	820 CRAWFORD ST		5.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL 32351		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: Rosa T. Brown REQUIRED Rosa T. Brown 4-12-99 (850) 575-2522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)