2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State
05-02-2000 90073 044 ****61.25

DOCUMENT # N96000003525

1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11 Taylor Street	Post Office Box 6224
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Eatonville, FL 32751	City & State: Tallahassee, FL 32314
Zip / Country: Orange	Zip / Country: Leon

4. FEI Number: 59-3384732 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROWN, ROSA T 2825 W. ORANGE AVE. TALLAHASSEE FL 32310-5911	Name: Helen B. Gallman Street Address (P.O. Box Number is Not Acceptable): 801 Kottle Circle City: Daytona Beach, FL Zip Code: 32114

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.

SIGNATURE: Helen B. Gallman Helen B. Gallman 4-24-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GALLMAN, HELEN 801 KOTTLE CIRCLE DAYTONA BEACH FL 32114	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Director Rosa S. Pickett 1827 Devra Drive Tallahassee, FL 32303	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M BROWN, ROSA T 2825 W. ORANGE AVE. TALLAHASSEE FL 32310-5911	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Executive Director	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LAWRENCE, DEBRA 518 OLD JOLLY BAY RD FREEPORT FL 32439	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Williams Martha Tye Williams 3035 Lafayette St. Ft. Myers, FL 33916	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WITHERS, ESTHER 17500 SW 100TH ST MIAMI FL 33023	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Elaine H. Brown 807 E. 31st Street Palmetto, FL 34221	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SUMPTER, LEONA T 820 CRAWFORD ST QUINCY FL 32351	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President/Director Annie H. Hill 2004 W. Gore Street Orlando, FL 32805	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 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: Helen B. Gallman REQUIRED 4-24-00 904-255-3245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #