2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000003525

ZETÁ EDUCATIONAL THESPIAN ASSOCIATION, INC.



FILED Mar 01, 2007 8:00 am Secretary of State

03-01-2007 90015 014 ****61.25

Principal Place of Business Mailing Address 40026863 11 TAYLOR STREET POST OFFICE BOX 6224 EATONVILLE, FL 32751 TALLAHASSEE, FL 32314 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01242007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-3384732 City & State City & State Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WRIGHT, HURETTA M 1031 HAMPTON RD. Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH, FL 32114 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee Is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Addition TITLE ☐ Delete PICKETT, ROSA S NAME NAME 1827 DEVRA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32303 CITY-ST-ZIP Delete ☐ Change TITLE ITHE ☐ Addition NAME BROWN, ROSA T NAME 2825 W. ORANGE AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 323105911 CITY-ST-ZIP Delete ☐ Addition WILLIAMS, MARTHA T MAME NAME STREET ADDRESS 3035 LAFAYETTE ST. STREET ADDRESS FORT MYERS, FL 33916 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition KAPLAIN, LARRY A 8 MARSH CT STREET ADDRESS STREET ADDRESS PORT ORANGE, FL 32127 CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME DUKES, STEPHANIE L NAME STREET ADDRESS 10845 VINEYARD CT STREET ADDRESS CLERMONT, FL 34711 CITY-ST-7IP CITY-ST-7IP VD ☐ Delete TITLE Change Addition TITLE HILL, ANNIE H NAME NAME STREET ADDRESS 2004 W. GORE STREET STREET ADDRESS ORLANDO, FL 32805 CITY-ST-ZIP

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.

Kosa T. Brown **SIGNATURE**