

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90127 004 ****61.25

DOCUMENT # N96000005459

1. Entity Name
**OMICRON DELTA ZETA CHAPTER OF ZETA PHI BETA
SORORITY INC.**



Principal Place of Business
**309 SW 15TH TERRACE
DELRAY BEACH, FL 33444**

Mailing Address
**P.O. BOX 8324
DELRAY BEACH, FL 33482-8324**

DO NOT WRITE IN THIS SPACE



03132005 No Chg-NP CR2E037 (10/03)

4. FEI Number
52-1710617

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HARDEN, MARILYN
309 N.W. 6TH AVE
DELRAY BEACH, FL 33444**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NEWTON, MARGARET 701 NW 4TH STREET BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <i>Darlene K. Grant</i> <i>644 S.W. 7th Street</i> DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD IVERY, CARYLA 218 NW 13TH AVENUE DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>EARNESTING COOPER</i> <i>5340 LAS VERDES CIRCLE # 222</i> <i>DELRAY BEACH, FLA 33484</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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 life empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/05 (561) 276-9862
Date Daytime Phone #