

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90113 014 ****70.00

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03222006

Chg-NP

CR2E037 (11/05)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
NEWTON, MARGARET
701 NW 4TH STREET
BOYNTON BEACH, FL 33435**

W/ delete see #11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Cooper, Earnestine
5340 Las Verdes Circle, # 222
Delray Beach, FL 33484**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
GRANT, DARLENE K.
644 S.W. 7TH STREET
DELRAY BEACH, FL 33444**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Newton, Margaret
701 NW 4th Street
Boynton Beach, FL 33435**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
IVERY, CARYLA
218 NW 13TH AVENUE
DELRAY BEACH, FL 33444**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COOPER, EARNESTINE
5340 LAS VERDES CIRCLE, # 222
DELRAY BEACH, FL 33484**

W/ delete see #11

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CITY-ST-ZIP

☐ Change ☐ Addition

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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.

SIGNATURE:

X Caryla E. Ivery

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/23/06

Date

Daytime Phone #