

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005459

FILED  
Apr 23, 2008  
Secretary of State

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

**Current Principal Place of Business:**

309 SW 15TH TERRACE  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8324  
DELRAY BEACH, FL 334828324

**New Mailing Address:**

**FEI Number:** 52-1710617

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: COOPER, EARNESTINE  
Address: 5340 LAS VERDES CIR #222  
City-St-Zip: DELRAY BEACH, FL 33484

Title: D ( ) Delete  
Name: NEWTON, MARGARET  
Address: 701 NW 4TH ST  
City-St-Zip: BOYNTON BEACH, FL 33435

Title: TD ( ) Delete  
Name: IVERY, CARYLA  
Address: 218 NW 13TH AVENUE  
City-St-Zip: DELRAY BEACH, FL 33444

Title: D ( ) Delete  
Name: COOPER, EARNESTINE  
Address: 5340 LAS VERDES CIRCLE, # 222  
City-St-Zip: DELRAY BEACH, FL 33484

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EARNESTINE COOPER

PD

04/23/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date