2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N96000005459

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 03/23/2009

Electronic Signature of Signing Officer or Director — Date