

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000005459

**FILED**  
**Feb 23, 2010**  
**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:**

5340 LAS VERDES CIRCLE  
#222  
DELRAY BEACH, FL 33484

**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:**

COOPER, EARNESTINE  
5340 LAS VERDES CIRCLE  
#222  
DELRAY BEACH, FL 33484 US

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: EARNESTINE COOPER

02/23/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

Title: D  
Name: HARDEN, MARILYN  
Address: 304 NW 6TH AVE  
City-St-Zip: DELRAY BEACH, FL 33444

I hereby 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 all other like empowered.

SIGNATURE: EARNESTINE COOPER

D

02/23/2010

Electronic Signature of Signing Officer or Director

Date