

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005459

FILED
Apr 07, 2012
Secretary of State

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

Current Principal Place of Business:

5340 LAS VERDES CIRCLE
#222
DELRAY BEACH, FL 33484

New Principal Place of Business:

304 NW 6TH AVE
DELRAY BEACH, FL 33444

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:

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

Title: D
Name: MOODIE, CLOVIS
Address: 3638 SE 2ND STREET
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D
Name: FARRINGTON, CHARLENE
Address: 314 NW 2ND 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: CLOVIS MOODIE

D

04/07/2012

Electronic Signature of Signing Officer or Director

_____ Date