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Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000000592 (2)

1. Corporation Name
WEST PALM BEACH ALUMNAE CHAPTER DELTA SIGMA THETA
SORORITY, INC.



Principal Place of Business Mailing Address
16 VIA DE CASAS SUR. 204 BOYNTON BEACH FL 33426

3. Date Incorporated or Qualified
01/30/1997
4. FEI Number
65-0727124
Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 5875 CARIBBEAN BL 26 P.O. Box 2212
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 West 27 West Palm Beach, FL
City & State City & State
23 Palm Beach, FL 28 FL
City & State City & State
24 Zip 33407 25 Country USA 29 Zip 33402 30 Country USA

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
STEPHENS, DAISY
16 VIA DE CASAS SUR-204
BOYNTON BEACH FL 33426

10. Name and Address of New Registered Agent
81 Name Otelia DuBose, Ph.D.
82 Street Address (P.O. Box Number is Not Acceptable) 5875 CARIBBEAN BL
83 West Palm Beach
84 City
85 Zip Code FL 33407

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Otelia DuBose, Ph.D. President Date 4/28/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STEPHENS, DAISY	
STREET ADDRESS	16 VIA DE CASAS SUR. 204	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HANDS, TERA	
STREET ADDRESS	4167 AFFON COURT	
CITY-ST-ZIP	RIVIERA BEACH FL 33409	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SMOORE, TERRY	
STREET ADDRESS	320 LYMAN PLACE	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Otelia DuBose, Ph.D.	
1.3 STREET ADDRESS	5875 CARIBBEAN BL.	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33407	
2.1 TITLE	Secretary (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Elizabeth Taylor	
2.3 STREET ADDRESS	3600 11th Ave.	
2.4 CITY-ST-ZIP	Riviera Beach, FL 33404	
3.1 TITLE	Treasurer (D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MOORE, TERRY	
3.3 STREET ADDRESS	7834 CARINA Court	
3.4 CITY-ST-ZIP	Lake Worth, FL 33467	
4.1 TITLE	Vice President (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jamesena Marshall	
4.3 STREET ADDRESS	901 S. Mangrove Circle	
4.4 CITY-ST-ZIP	West Palm Beach, FL 33401	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] Date: 4/28/98

CP2E037 (10/97)