

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 28 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 # N97000005654 (5)**

1. Corporation Name

**ZETA UPSILON OMEGA (AKA) FOUNDATION INC.**



Principal Place of Business: **7001 10TH STREET SOUTH ST. PETERSBURG FL 33705**  
 Mailing Address: **7001 10TH STREET SOUTH ST. PETERSBURG FL 33705**

3. Date Incorporated or Qualified

**10/06/1997**

4. FEI Number

**593473040**

Applied For  
 Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

10. Name and Address of New Registered Agent

**WILLIAMS, MYRTLE H  
 7001 10TH STREET SOUTH  
 ST. PETERSBURG FL 33705**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

*Myrtle H. Williams*

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

**4/29/98**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAMS, MYRTLE</b>	
STREET ADDRESS	<b>7001 10TH STREET SOUTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33705</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>GASTON, BETTY JO</b>	
STREET ADDRESS	<b>6301 15TH STREET SOUTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33705</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>GILSTRAP, LORETTA</b>	
STREET ADDRESS	<b>3909 15TH AVENUE SOUTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33711</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>CHAPMAN, ARLETHA</b>	
STREET ADDRESS	<b>2711 QUEEN STREET SOUTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33712</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	

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**-05/29/98--01008--001**  
**\*\*\*61.25**

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 on an attachment with an address.

SIGNATURE: *Myrtle H. Williams*

**3/31/98** **8/3 341-4349**

CR2E037 (10/97)