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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000005654

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



2. Principal Place of Business

21 6301 15th Street

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

City & State

23 St. Petersburg, FL

Zip Country

24 33705

25 USA

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

10/06/1997

4. FEI Number

59-3473040

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **DP
WILLIAMS, MYRTLE**
STREET ADDRESS **7001 10TH STREET SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33705**

TITLE ☒ DELETE

NAME **DV
GASTON, BETTY JO**
STREET ADDRESS **6301 15TH STREET SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33705**

TITLE ☐ DELETE

NAME **DS
GILSTRAP, LORETTA**
STREET ADDRESS **3909 15TH AVENUE SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33711**

TITLE ☐ DELETE

NAME **DT
CHAPMAN, ARLETHA**
STREET ADDRESS **2711 QUEEN STREET SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**GASTON, BETTY JO
6301 15TH STREET SOUTH
ST. PETERSBURG, FL 33705**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**COLES, NORA
1902 14TH ST SOUTH
ST PETERSBURG FL 33705**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, with all other like empowered.

SIGNATURE: MYRTLE H. WILLIAMS **1/26/99** **727 341-4349**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)