

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000009741

Entity Name: ZETA PHI BETA SORORITY, INCORPORATED ZETA MU ZETA CHAPTER**FILED**
Jan 21, 2021
Secretary of State
5113824089CC**Current Principal Place of Business:**824 1ST AVENUE SOUTH
JACKSONVILLE BEACH, FL 32250**Current Mailing Address:**PO BOX 2683
PALATKA, FL 32178 US**FEI Number: 83-1890360****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**HOLLOWAY, VALLIE
824 1ST AVENUE SOUTH
JACKSONVILLE BEACH, FL 32250 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	HOLLOWAY, VALLIE
Address	824 1ST AVENUE SOUTH
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	VD
Name	FORD-CARROLL, MICHELLE
Address	56 MISSION WOODS WAY
City-State-Zip:	ST. AUGUSTINE FL 32084

Title	VD
Name	ASIA, CYNTHIA
Address	PO BOX 32
City-State-Zip:	PALATKA FL 32178

Title	S
Name	DAVIS, SHEILA
Address	6746 LAURINA PLACE
City-State-Zip:	JACKSONVILLE FL 32216

Title	T
Name	ABBOTT, ROBIN
Address	238 RIDGEWICK DRIVE SOUTH
City-State-Zip:	JACKSONVILLE FL 32218

Title	TS
Name	FENNELL, ANNETTE
Address	PO BOX 264
City-State-Zip:	PALATKA FL 32178

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: VALLIE M HOLLOWAY, PHD**PRESIDENT****01/21/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date