

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39098

Entity Name: ZETA CHIS OMEGA PSI PHI EDUCATIONAL AND BENEVOLENT FUND INC.**FILED**
Apr 12, 2020
Secretary of State
5347712240CC**Current Principal Place of Business:**3007 W COMMERCIAL BLVD
SUITE 204
FT LAUDERDALE , FL 33309**Current Mailing Address:**PO BOX 100018
FT. LAUDERDALE, FL 33310 US**FEI Number: 65-0311641****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SMITH, JOHNNIE
1849 NW 111TH AVE
PLANTATION, FL 33322 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	DIRECTOR
Name	SMITH, JOHNNIE
Address	1849 NW 111 AVE
City-State-Zip:	PLANTATION FL 33322
Title	SECRETARY
Name	BOSTICK, MICHAEL
Address	3204 NW 88 WAY
City-State-Zip:	CORAL SPRINGS FL 33065

Title	DIRECTOR
Name	WRIGHT, ANTHONY
Address	8001 S ARAGON BLVD
City-State-Zip:	SUNRISE FL 33322
Title	TREASURER
Name	WALKER, CHAD
Address	1717 S CORAL TERRACE
City-State-Zip:	NORTH LAUDERDALE FL 33068

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: JOHNNIE SMITH**DIRECTOR****04/12/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date