

1.) CORPORATION NAME:

**Zeta Phi Beta Sorority, Incorporated, Alpha BetaZeta
Chapter**

DUE DATE: **12/31/2013**

SCC ID NO: **07589567**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**SOPHIA OWEN-ALLEN
809 HOLLAND CT
NEWPORT NEWS, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

NEWPORT NEWS CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 306 NORTH WILLARD AVENUE

CITY/ST/ZIP: HAMPTON , VA 23663

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	MICHELLE BOONE-THORNTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	306 NORTH WILLARD AVE		
CITY/ST/ZIP/CO:	HAMPTON, VA 23663		

NAME:	DEBRA J CARROLL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	731 OAK MILL LANE		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23602		

NAME:	DANIELLE MAY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	17 E. BIG SKY DR		
CITY/ST/ZIP/CO:	HAMPTON, VA 23666		

NAME:	MARTINE SWAIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2236 BERKLEY AVE		
CITY/ST/ZIP/CO:	CHESAPEAKE, VA 23320		

NAME:	LYNNE ALLEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1019 35TH STREET		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23607		

NAME:	JOAN JENKINS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	120 ALAN DRIVE		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23062		

NAME:	SOPHIA OWEN-ALLEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	809 HOLLAND CT		
CITY/ST/ZIP/CO:	NEWPORT NEWS, VA 23608		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ MICHELLE BOONE-THORNTON</u>	<u>MICHELLE BOONE-THORNTON,</u>	<u>2/16/2014</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.