



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90025 009 ****70.00

DOCUMENT # 749270 1. Entity Name GAMMA THETA OMEGA, INCORPORATED					
Principal Place of Business 412 E 7TH AVE TAMPA, FL 33602 US			Mailing Address P. O. BOX 1246 TAMPA, FL 33601		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-2072596	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent TURNER, BLANCHE 6216 N. QUEENSWAY DR. TEMPLE TERRACE, FL 33617			7. Name and Address of New Registered Agent Name Tangela Dupree Street Address (P.O. Box Number is not Acceptable) 4352 Tremblay Way City Palm Harbor FL Zip Code 33685		
8. 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. I am familiar with and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MYERS, GWENDOLYN W 2704 N. 32ND STREET TAMPA, FL 33605	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Evelyn McFadden 9808 Elaine Arbor Lane Thonotossa FL 33592
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCFADDEN, EVELYN E 4435 COBIA DR. TEMPLE TERRACE, FL 33617	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Barbara Twine Thomas 5407 Burchette Rd Tampa FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JONES, DEIDRE R 10812 PEPPERSONG DR. RIVERVIEW, FL 33569	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Nola Allen 23700 Lake Hills Drive Lutz FL 33559
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIPLIN, BRENDA 14506 MECCA PLACE TAMPA, FL 33625	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Emily Rogers 801 W Alfred St Tampa FL 33603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALLEN-QUIN, DIANNA M 1102 W. CYPRESS STREET TAMPA, FL 33606	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Nola Allen 23700 Lake Hills Drive Lutz FL 33559
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARRINGTON, LUELLA 1615 33RD AVE. TAMPA, FL 33610	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Emily Rogers 801 W Alfred St Tampa FL 33603
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 149, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Nola Allen (Nola Allen) Treasurer</u> <u>2/12/08</u> <u>9495396</u>					