

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749270

FILED
Jan 15, 2009
Secretary of State

Entity Name: GAMMA THETA OMEGA, INCORPORATED

Current Principal Place of Business:

412 E 7TH AVE
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1246
TAMPA, FL 33601

New Mailing Address:

FEI Number: 59-2072596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DUPREE, TANGELA
4352 TREMBLAY WAY
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCFADDEN, EVELYN
Address: 9808 ELAINE ARBOR LANE
City-St-Zip: THONOTOSASSA, FL 33592 US

Title: VD () Delete
Name: THOMAS, BARBARA T
Address: 5407 BRUCHETTE RD
City-St-Zip: TAMPA, FL 33647

Title: VPD () Delete
Name: JONES, DEIDRE R
Address: 10812 PEPPERSONG DR.
City-St-Zip: RIVERVIEW, FL 33569

Title: SD () Delete
Name: SIPLIN, BRENDA
Address: 14506 MECCA PLACE
City-St-Zip: TAMPA, FL 33625

Title: TD () Delete
Name: ALLEN, NOLA
Address: 32700 LAKE HILLS DRIVE
City-St-Zip: LUTZ, FL 33559

Title: SD () Delete
Name: ROGERS, EMILY
Address: 801 W ALFRED ST
City-St-Zip: TAMPA, FL 33603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: CARTER, IVA B
Address: 214 EAST PALM AVENUE
City-St-Zip: TAMPA, FL 33602

Title: TD (X) Change () Addition
Name: ALLEN, NOLA
Address: 23700 LAKE HILLS DRIVE
City-St-Zip: LUTZ, FL 33559

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NOLA ALLEN

TREA

01/15/2009

Electronic Signature of Signing Officer or Director

Date