

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749270

Entity Name: GAMMA THETA OMEGA, INCORPORATED**Current Principal Place of Business:**412 E 7TH AVE
TAMPA, FL 33602**Current Mailing Address:**P. O. BOX 172746
TAMPA, FL 33672**FEI Number:** 59-2072596**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FILS-AIME, MARTINE
12958 TRIBUTE DR
RIVERVIEW, FL 33578 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 PRES
Name DOUGLAS, DONNA
Address 30315 DOUBLE DR
City-State-Zip: WESLEY CHAPEL FL 33545

Title 2VP
Name WHITE, CARLA
Address 3713 E. SHADOWLAWN
City-State-Zip: TAMPA FL 33610

Title FSEC
Name DENNARD, RHONESIA L
Address 2711 PALMETTO STREET
City-State-Zip: TAMPA FL 33607

Title VP
Name BARNES, DEBORAH K
Address 8746 BUSCH OAKS ST.
City-State-Zip: TAMPA FL 33617

Title SEC
Name WILSON, SHERELL
Address 1649 LEYBOURNE LOOP
City-State-Zip: WESLEY CHAPEL FL 33543

Title TREA
Name SLATER, MONIQUE
Address 15809 COUNTRYBROOL STREET
City-State-Zip: TAMPA FL 33624

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: MONIQUE SLATER**TREASURER****04/30/2014**

Electronic Signature of Signing Officer/Director Detail

Date