2017 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:

GILMORE-LONG, FELECIA 420 PINE BLUFF DRIVE LUTZ, FL 33549 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: FELECIA GILMORE-LONG 02/09/2017

Electronic Signature of Registered Agent

Date

FILED Feb 09, 2017

Secretary of State

CC9109033937

Officer/Director Detail:

TitlePRESIDENTTitle1ST VICE PRESIDENTNameBARNES, DEBORAH KNameBRYANT, ELAINE HAYESAddress8746 BUSCH OAKS STAddress9749 TRONCAIS CIR

City-State-Zip: TAMPA FL 33617-6006 City-State-Zip: THONOTOSASSA FL 33592

Title 2ND VICE PRESIDENT Title SECRETARY

Name DUPREE, TANGELA D Name JOYNER-SMITH, MIRIAM Address 4352 TREMBLAY WAY Address 1504 MCCREA DR

Address 4352 TREMBLAY WAY Address 1504 MCCREA DR

City-State-Zip: PALM HARBOR FL 34685 City-State-Zip: LUTZ FL 33582

Title FINANCIAL SECRETARY Title TREASURER

Name RAVENEL, PAMELA L Name SIMS, LAETITIA

Address 6520 BAYBROOKS CIRCLE Address 12347 CLOVERSTONE DR

City-State-Zip: TEMPLE TERRACE FL 33617 City-State-Zip: TAMPA FL 33624

Title ASST. TREASURER

Name GILMORE-LONG, FELECIA

Address 420 PINE BLUFF DR
City-State-Zip: LUTZ FL 33549

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: FELECIA GILMORE-LONG ASST TREASURER 02/09/2017

Electronic Signature of Signing Officer/Director Detail

Date