


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90030 046 ****61.25

DOCUMENT # 702350					
1. Entity Name GAMMA RHO OMEGA CHAPTER, INC. OF ALPHA KAPPA ALPHA SORORITY					
Principal Place of Business 1011 W. 8TH STREET JACKSONVILLE, FL 32209		Mailing Address 1011 W. 8TH STREET JACKSONVILLE, FL 32209 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 36-2152330	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KENNEBREW, IRVLYN 3210 RIBAUT SCENIC DRIVE JACKSONVILLE, FL 32208			Name <u>IRVLYN H. KENNEBREW</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>3135 Ribault Scenic Drive</u>		
			City <u>Jacksonville</u> FL Zip Code <u>32208</u>		
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 <u>IRVLYN H. KENNEBREW</u> <u>Irvlyn H. Kennebrew</u> <u>3/14/05</u>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		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	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, PATRICIA		NAME		
STREET ADDRESS	5365 OAK BAY DRIVE EAST		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32277		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIELDS, BEVERLY E		NAME	Beverly E. Shields	
STREET ADDRESS	1111 CAN BURER STREET		STREET ADDRESS	1111 Van Buren Street	
CITY-ST-ZIP	JACKSONVILLE, FL 32206		CITY-ST-ZIP	Jacksonville, FL 32206	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIVEY, SHEILA DENISE		NAME	Doris Putman	
STREET ADDRESS	4912 ARROW SMITH DRIVE		STREET ADDRESS	3481 Bequelerc Love Place	
CITY-ST-ZIP	JACKSONVILLE, FL 32208		CITY-ST-ZIP	Jacksonville, FL 32257	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEBREW, IRVLYN		NAME		
STREET ADDRESS	3210 RIBAUT SCENIC DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32208		CITY-ST-ZIP		
TITLE	FD	<input checked="" type="checkbox"/> Delete	TITLE	FD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EALEY, SHIRLEY		NAME	Floyd, Tangela	
STREET ADDRESS	12688 SAMPSON ROAD		STREET ADDRESS	5472 Liston Rd.	
CITY-ST-ZIP	JACKSONVILLE, FL 32218		CITY-ST-ZIP	Jacksonville, FL 32209	
TITLE	BM	<input checked="" type="checkbox"/> Delete	TITLE	BM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, DIANE		NAME	Ealey, Shirley	
STREET ADDRESS	942 CRESS WELL LANE WEST		STREET ADDRESS	12688 Sampson Rd	
CITY-ST-ZIP	JACKSONVILLE, FL 32221		CITY-ST-ZIP	Jacksonville, FL 32218	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Irvlyn H. Kennebrew</u> <u>Irvlyn H. Kennebrew</u> <u>3/14/05</u> <u>(904) 693-7942</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					