

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **714241** (7)

1. Corporation Name

BETA MU OF GAMMA PHI BETA SORORITY, INC. OF TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

**633 WEST JEFFERSON STREET
TALLAHASSEE FL 32304**

**633 WEST JEFFERSON STREET
TALLAHASSEE FL 32304**

3. Date Incorporated or Qualified
03/13/1968

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-0638676

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BODZIONY, GILL T
6301 S WINDWOOD HILLS CIRCLE
TALLAHASSEE FL 32311**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **BODZIONY, GILL T**
STREET ADDRESS **6301 S WINDWOOD HILLS CIR**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **T** ☐ DELETE
NAME **CARLTON, GAYLE**
STREET ADDRESS **2058 CANEWOOD CT**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **S** ☐ DELETE
NAME **EVERETT, GENEVIEVE G.**
STREET ADDRESS **504 WESTWOOD DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ DELETE
NAME **HOCK, ABIGAIL W**
STREET ADDRESS **4044 MCLAUGHLIN DR**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **FAC** ☒ DELETE
NAME **AMY MANN**
STREET ADDRESS **720 INGLESIDE**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **D** ☐ DELETE
NAME **BUNN, ROSEMARY**
STREET ADDRESS **4929 ANNETTE DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **AVANT, GAYLE**
5.4 CITY-ST-ZIP **2407 Delgado Dr Tallahassee, FL 32303**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gayle B. D. Carlton* *Gayle B. D. Carlton* 1-25-96 514-1313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)