

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90092 004 ****61.25

DOCUMENT # 714241

1. Entity Name

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

Principal Place of Business

633 WEST JEFFERSON STREET
 TALLAHASSEE FL 32304

Mailing Address

P.O. BOX 20367
 TALLAHASSEE FL 32316
 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

59-0638676

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Raker, Mary Esther
~~Street Address (P.O. Box Number is Not Acceptable)~~
1818 Crawfordville Hwy.
 City Crawfordville FL Zip Code 32327

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.

SIGNATURE Gayle B. D. Carlton Gayle B. D. Carlton Treasurer 3/14/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BODZIONY, GILL T	
STREET ADDRESS	6301 S WINDWOOD HILLS CIR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARLTON, GAYLE	
STREET ADDRESS	2515 STUART ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	EVERETT, GENEVIEVE G.	
STREET ADDRESS	504 WESTWOOD DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHILDERS, JANET F.	
STREET ADDRESS	3424 NATIVE DANCER TRAIL	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AVANT, GAYLE	
STREET ADDRESS	2407 DELGADO DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUNN, ROSEMARY	
STREET ADDRESS	4929 ANNETTE DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Raker, Mary Esther	
STREET ADDRESS	1818 Crawfordville Hwy	
CITY-ST-ZIP	Crawfordville, FL 32327	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bunn, Rosemary	
STREET ADDRESS	4929 Annette Drive	
CITY-ST-ZIP	Tallahassee, FL 32300 32303	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frame, Andrienne	
STREET ADDRESS	185 Easton Forest Dr.	
CITY-ST-ZIP	Tallahassee, FL 32311	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Santoro, Maria	
STREET ADDRESS	6624 Tim Tam Trail	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Gayle B. D. Carlton Gayle B. D. Carlton 3/14/02 850-580-5115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)