

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90014 007 \*\*\*\*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

04010494



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0638676

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARLTON, GAYLE**  
**2515 STUART ST**  
**TALLAHASSEE FL 32304**

Name

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

City

**FL**

Zip Code

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

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**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

**\$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  Delete  
 NAME **RAKER, MARY ESTHER**  
 STREET ADDRESS **1818 CRAWFORDVILLE HWY**  
 CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **CARLTON, GAYLE**  
 STREET ADDRESS **2515 STUART ST.**  
 CITY-ST-ZIP **TALLAHASSEE FL 32304**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **BUNN, ROSEMARY**  
 STREET ADDRESS **4929 ANNETTE DRIVE**  
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **FRAME, ANDREINNE**  
 STREET ADDRESS **185 EASTON FOREST DR**  
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SANTORO, MARIA**  
 STREET ADDRESS **6541 IRON LIEGE TRL**  
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE  Change  Addition  
 NAME *President Santoro, Maria*  
 STREET ADDRESS *6541 Iron Liege Trail*  
 CITY-ST-ZIP *Tallahassee, FL 32308*

TITLE  Delete  
 NAME **WILSON, BECKY**  
 STREET ADDRESS **1767 HERMITAGE BLVD #10110**  
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE  Change  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*

3/12/04

850-580-5115

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #