

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714241

FILED
Mar 07, 2006
Secretary of State

Entity Name: BETA MU OF GAMMA PHI BETA SORORITY, INC. OF TALLAHASSEE, FLORIDA

Current Principal Place of Business:

633 WEST JEFFERSON STREET
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 20367
TALLAHASSEE, FL 32316 US

New Mailing Address:

FEI Number: 59-0638676 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLTON, GAYLE
2515 STUART ST
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MURPHY, EMILY
Address: 4869 LEAH LANE
City-St-Zip: TALLAHASSEE, FL 32303

Title: T () Delete
Name: CARLTON, GAYLE,
Address: 2515 STUART ST.
City-St-Zip: TALLAHASSEE, FL 32304

Title: S (X) Delete
Name: BUNN, ROSEMARY
Address: 4929 ANNETTE DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: FRAME, ANDREINNE
Address: 185 EASTON FOREST DR
City-St-Zip: TALLAHASSEE, FL 32311

Title: P () Delete
Name: SANTORO, MARIA
Address: 6541 IRON LIEGE TRL
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: WILSON, BECKY
Address: 1767 HERMITAGE BLVD #10110
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: MURPHY, EMILY
Address: 4869 LEAH LANE
City-St-Zip: TALLAHASSEE, FL 32303

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GAYLE CARLTON

T

03/07/2006

Electronic Signature of Signing Officer or Director

_____ Date