

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714241

FILED  
Feb 15, 2010  
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: S  
Name: MURPHY, EMILY  
Address: 4869 LEAH LANE  
City-St-Zip: TALLAHASSEE, FL 32303

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: GAYLE CARLTON

T

02/15/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date