

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90103 032 ****61.25

DOCUMENT # 714563

1. Entity Name
GAMMA RHO INTERNATIONAL, INC.



Principal Place of Business
**4732 PINTAIL DRIVE
TALLAHASSEE, FL 32317 US**

Mailing Address
**POST OFFICE BOX 10138
PO BOX 10138
TALLAHASSEE, FL 32302 US**

DO NOT WRITE IN THIS SPACE



02222005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2348453

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SOWINSKI, JOE
4723 PINTAIL DRIVE
TALLAHASSEE, FL 32317**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HALLAS, ALLEN W
STREET ADDRESS 12100 SW 87TH CT
CITY-ST-ZIP MIAMI, FL 33157

TITLE SD
NAME SOWINSKI, JOE
STREET ADDRESS 4723 PINTAIL DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32317

TITLE TD
NAME ~~EIGNER, CRAIG J.~~
STREET ADDRESS ~~1740 TALPES RD.~~
CITY-ST-ZIP ~~TALLAHASSEE, FL 32303~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/05

Date

487-2402

Daytime Phone #