

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90023 001 \*\*\*\*61.25

**DOCUMENT # 714563**

1. Entity Name  
**GAMMA RHO INTERNATIONAL, INC.**



Principal Place of Business  
**4723 PINTAIL DRIVE (4723)**  
**TALLAHASSEE, FL 32317 US**

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

**50004450**



**DO NOT WRITE IN THIS SPACE**

03062006 No Chg-NP CR2E037 (11/05)

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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HALLAS, ALLEN W 12100 SW 87TH CT MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SOWINSKI, JOE 4723 PINTAIL DRIVE TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 exemptions contained 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 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:**

*Joe Sowinski* **Joe Sowinski**

**3/12/06**

**878-4568**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

50004450  
~~# 714563~~

Please note The change MADE TO

The Address under item 1