

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744392 (2)

1. Corporation Name

GAMMA OMICRON CHAPTER OF ALPHA OMICRON PI CORPORATION



Principal Place of Business: 819 W. PANHELLENIC DRIVE GAINESVILLE FL 32601
Mailing Address: 819 W. PANHELLENIC DRIVE GAINESVILLE FL 32601

3. Date Incorporated or Qualified: 09/26/1978
3a. Date of Last Report: 04/12/1995

2. Principal Place of Business (21) Suite Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-6169190
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: NIBLACK, NANCY L, 2059 NW 21ST LN, GAINESVILLE FL 32605
10. Name and Address of New Registered Agent: 81 Name: RYAN, JENNIFER; 82 Street Address: 103 SW 12 ST; 83 APT. 2; 84 City: GAINESVILLE, FL; 85 Zip Code: 32601

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: JENNIFER RYAN, TREASURER, 3/15/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NIBLACK, NANCY L. 2059 N.W. 21 LANE GAINESVILLE FL	1.1 TITLE:	
NAME:		1.2 NAME:	
STREET ADDRESS:		1.3 STREET ADDRESS:	
CITY-ST-ZIP:		1.4 CITY-ST-ZIP:	
TITLE: SD	PALUS, VIRGINIA B. 9415 SW 12TH AVE. GAINESVILLE FL	2.1 TITLE:	PD BLOOMBERG, ANN
NAME:		2.2 NAME:	22508 NE TOTEMPOLE RD
STREET ADDRESS:		2.3 STREET ADDRESS:	MELROSE, FL 32606
CITY-ST-ZIP:		2.4 CITY-ST-ZIP:	
TITLE: PD	HENDERSON, PEGGY 3611 S.W. 63RD LANE GAINESVILLE FL	3.1 TITLE:	TD RYAN, JENNIFER
NAME:		3.2 NAME:	103 SW 12 ST #2
STREET ADDRESS:		3.3 STREET ADDRESS:	GAINESVILLE FL 32601
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:		4.1 TITLE:	
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:		5.1 TITLE:	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:		6.1 TITLE:	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JENNIFER RYAN, 3/15/96, 352-375-4569

CR2E037 (12/95)