

FILE NOW: FILING FEE IS \$61.25

APPROVED AND FILED

97 SEP 22 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. [Signature] Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744392
1. Corporation Name: GAMMA OMICRON CHAPTER OF ALPHA OMICRON PI

Principal Place of Business: 819 W. Panhellenic Dr, Gainesville, FL 32601
Mailing Address: Same

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 819 W. Panhellenic Dr.	26 Same	9-26-1978	04/22/96
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FET Number	Applied for
23 Gainesville, FL	28 Gainesville	59-6169190	Not Applicable
24 32601	29 USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 USA	30	<input type="checkbox"/>	\$5.00 May Be Added to Fees
		6. Election Campaign Financing	
		Trust Fund Contribution	<input type="checkbox"/>
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Jen Ryan 328 SW 34 ST #20 Gainesville FL 32607	81 Name: Debbie Branson 82 Street Address (P.O. Box Number is Not Acceptable): 3510 NW 46th Terrace 83 City: Gainesville, FL 32606 84 City: Gainesville, FL 85 Zip Code: 32606

11. Pursuant to the provisions of Sections 617.054(2) and 617.150(8), 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: *Debbie Branson* DATE: 5-13-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Debbie Branson
STREET ADDRESS		1.3 STREET ADDRESS	3510 NW 46th Terrace
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Gainesville, FL 32601
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Julie Taube
STREET ADDRESS		2.3 STREET ADDRESS	819 W. Panhellenic Dr
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Gainesville, FL 32601
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Ann Bloomberg, Sec <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Rt. 2 Box 2085
STREET ADDRESS		3.3 STREET ADDRESS	Melrose, FL 32666
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Janet Kellar
STREET ADDRESS		4.3 STREET ADDRESS	603 NW 102 Terrace
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Gainesville, FL 32607
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Nancy Niblack, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	2059 NW 21 Lane
STREET ADDRESS		5.3 STREET ADDRESS	Gainesville FL 32607
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Kristi Abrahams Treas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	5400 NW 39th Ave Apt K89
STREET ADDRESS		6.3 STREET ADDRESS	Gainesville, FL 32606-6950
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, and I 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 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: *Debbie Branson, President* DATE: 5-13-97 DAYCARE FILING # 352-332-6404

DEBBIE BRANSON

CFR2E037 (9/96)