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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 09/26/1978		
4. FEI Number 59-6169190	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent
**RYAN, JENNIFER
103 SW 12 ST
GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent

81 Name Debbie Branson
82 Street Address (P.O. Box Number is Not Acceptable) 3510 NW 46th Terrace
83
84 City Gainesville
85 State FL
86 Zip Code 32606

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 Debbie Branson **DEBBIE BRANSON** House Corp President **1-20-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRANSON, DEBBIE	
STREET ADDRESS	3510 N.W. 46TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	TAUBE, JULIE	
STREET ADDRESS	819 W. PANHELLENIC DRIVE	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BLOOMBERG, ANN	
STREET ADDRESS	RT. 2 BOX 2085	
CITY-ST-ZIP	MELROSE FL 32666	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLAR, JANET	
STREET ADDRESS	603 N.W. 102 TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NIBLACK, NANCY	
STREET ADDRESS	2059 N.W. 21 LANE	
CITY-ST-ZIP	GAINESVILLE FL 32607	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ABRAHAMS, KRISTI	
STREET ADDRESS	5400 N.W. 39TH AVE., APT. K89	
CITY-ST-ZIP	GAINESVILLE FL 32608-6950	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: Debbie Branson **DEBBIE BRANSON** 1-20-98 **352-322-6404**

CR2E037 (10/97)