

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90011 008 ****61.25

DOCUMENT # 744392

Corporation Name

GAMMA OMICRON CHAPTER OF ALPHA OMICRON PI CORPORATION

614309 - 90011 - 8

Principal Place of Business

819 W. PANHELLENIC DRIVE
 GAINESVILLE FL 32601

Mailing Address

819 W. PANHELLENIC DRIVE
 GAINESVILLE FL 32601



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		2b. Suite, Apt. #, etc.		4. FEI Number	
City & State		2c. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		2d. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BRANSON, DEBBIE 3510 NW 46TH TERRACE GAINESVILLE FL 32606				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				FL	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE	1.1 TITLE	TDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD BRANSON, DEBBIE 3510 N.W. 46TH TERRACE GAINESVILLE FL 32601	1.2 NAME		
<input type="checkbox"/> DELETE	1.3 STREET ADDRESS		
VPD TAUBE, JULIE 819 W. PANHELLENIC DRIVE GAINESVILLE FL 32601	1.4 CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	2.1 TITLE		
S KELLAR, JANET 603 N.W. 102 TERRACE GAINESVILLE FL 32607	2.2 NAME	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	2.3 STREET ADDRESS		
D NIBLACK, NANCY 2059 N.W. 21 LANE GAINESVILLE FL 32607	2.4 CITY-ST-ZIP	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input checked="" type="checkbox"/> DELETE	3.1 TITLE		
T ABRAHAMS, KRISTI 5400 N.W. 39TH AVE., APT. K89 GAINESVILLE FL 32606-6950	3.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> DELETE	3.3 STREET ADDRESS		
	3.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	4.1 TITLE	PRESIDENT DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	4.2 NAME	PAM BOURG	
	4.3 STREET ADDRESS	13720 NW 39th Ave	
	4.4 CITY-ST-ZIP	Gainesville FLA 32606	

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, with all other like empowered.

SIGNATURE: Debbie Branson REQUIRE DEBBIE BRANSON 9/6/99 352-338-1272
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

09/10/99

CR2E037 (5/99)