FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:13

DOCUMENT # 749270 (5)

1. Corporation Name
GAMMA THETA OMEGA, INCORPORATED

Principal Place of Business	Mailing Address
412 E 7TH AVE TAMPA FL 33602 US	P. O. BOX 1246 TAMPA FL 33601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/10/1979	03/03/1994

4. FEI Number: 59-2072596 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status $68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~WIGGINS, BETTY P.~~ ~~3708 E. MCBERRY ST.~~ ~~TAMPA FL 33610~~	81 Name: Gwendolyn W. Myers 82 Street Address (P.O. Box Number is Not Acceptable): 2704 N. 32nd Street 83 84 City: Tampa FL 85 Zip Code: 33605

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Gail P. Williams 5/25/95
(Attach typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	STEWART, CAROLYN H	12 NAME	
STREET ADDRESS	11715 TOM FOLSOM RD	13 STREET ADDRESS	
CITY-ST-ZIP	THONOTOSASSA FL	14 CITY-ST-ZIP	
TITLE	~~VD~~	21 TITLE	☒ Change ☐ Addition
NAME	~~ROBINSON, JENNIFER D~~	22 NAME	VP Gail P. Williams
STREET ADDRESS	~~11000 FOOTHILL DR~~	23 STREET ADDRESS	2118 Carmen
CITY-ST-ZIP	~~TAMPA, FL 00000~~	24 CITY-ST-ZIP	Tampa, Florida 33606
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	BAKER-LOPEZ, BERTHA	32 NAME	
STREET ADDRESS	8910 ROCKY RUN CT N	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	LITTLE, SONJA L	42 NAME	
STREET ADDRESS	9424 PEBBLE GLEN AVE	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	BROWN, ANTHENA A	52 NAME	REMITTED BY MAY 1
STREET ADDRESS	1906 HIGHLAND AVE	53 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP	
TITLE	~~FSD~~	61 TITLE	FSD ☐ Change ☐ Addition
NAME	~~MYERS, GWENDOLYN W~~	62 NAME	Felecia Gilmore-Long
STREET ADDRESS	~~2704 N 32ND ST~~	63 STREET ADDRESS	6718 Islander Lane
CITY-ST-ZIP	~~TAMPA FL~~	64 CITY-ST-ZIP	Tampa, FL 33615

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)(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: Gail P. Williams 5/25/95 (813) 276-3734
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (OFFICER OR DIRECTOR) Date Daytime Phone #

0083234