2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749270

Entity Name: GAMMA THETA OMEGA, INCORPORATED

FILED Apr 27, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

412 E 7TH AVE

TAMPA, FL 33602 US

Current Mailing Address: New Mailing Address:

P. O. BOX 1246 TAMPA, FL 33601

FEI Number: 59-2072596 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BETTY, WIGGINS

3708 MCBERRY ST

LAKELAND, FL 33810 US

TWINE-THOMAS, BARBARA
5107 BURCHETTE RD.
TAMPA, FL 33647 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BARBARA TWINE-THOMAS 04/27/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: PD (X) Change () Addition

 Name:
 GRACE, JONES
 Name:
 LEE, PHYLLIS R

 Address:
 16125 ANCROFT COURT
 Address:
 5007 DERRY WAY

 City-St-Zip:
 TAMPA, FL 33647
 City-St-Zip:
 TAMPA, FL 33647

 Title:
 VD () Delete
 Title:
 VD (X) Change () Addition

 Name:
 PHYLLIS, LEE R
 Name:
 MYERS, GWENDOLYN W

 Address:
 5007 DERRY WAY
 Address:
 2704 W. 32ND STREET

Address: 5007 DERRY WAY Address: 2704 W. 32ND STREET City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33605

Title: VPD () Delete Title: VPD (X) Change () Addition

Name: THOMAS, BARBARA T Name: CASON, DONNA

Address: 15219 PLANTATION OAKS DRIVE, #1 Address: 6408 THOROUGHBRED LOOP
City-St-Zip: TAMPA, FL 33647 City-St-Zip: ODESSA, FL 33556

City-31-Zip. TAIVIFA, FL 33047 City-31-Zip. ODE33A, FL 33030

 Title:
 SD () Delete
 Title:
 SD (X) Change () Addition

 Name:
 ALLEN QUINN, DIANNA
 Name:
 ALLEN - QUINN, DIANNA

 Address:
 1102 W CYPRESS ST
 Address:
 1102 W CYPRESS ST

 City-St-Zip:
 TAMPA, FL 33606
 City-St-Zip:
 TAMPA, FL 33606

Title: TD () Delete Title: TD (X) Change () Addition Name: DOWELL, DORSITY Name: DOWELL, DORSITY M

Address: 7110 LAKE DIVIDE RD Address: 7110 LAKE DIVIDE RD
City-St-Zip: TEMPLE TERRACE, FL 33637 City-St-Zip: TEMPLE TERRACE, FL 33637

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 CHARLENE, SANDERS
 Name:
 DEAN, BARBARA J

 Address:
 11506 N. DALE MABRY HWY APT 201
 Address:
 609 HILLPOINT WAY

 City-St-Zip:
 TAMPA, FL 33618
 City-St-Zip:
 BRANDON, FL 33510

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORSITY M. DOWELL TD 04/27/2004