2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# 749270

Entity Name: GAMMA THETA OMEGA, INCORPORATED

Current Principal Place of Business:

412 E 7TH AVE
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1246
TAMPA, FL 33601

New Mailing Address:

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

Name and Address of Current Registered Agent:

TURNER, BLANCHE
6216 N. QUEENSWAY DR.
TEMPLE TERRACE, FL 33617 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	MYERS, GWENDOLYN W	
Address:	2704 N. 32ND STREET	
City-St-Zip:	TAMPA, FL 33605 US	
Title:	VD	( ) Delete
Name:	MCFADDEN, EVELYN E	
Address:	4435 COBIA DR.	
City-St-Zip:	TEMPLE TERRACE, FL 33617	
Title:	VPD	( ) Delete
Name:	JONES, DEIDRE R	
Address:	10812 PEPPERSONG DR.	
City-St-Zip:	RIVERVIEW, FL 33569	
Title:	SD	( ) Delete
Name:	JOHNSON, ANGEL	
Address:	1250 STANDRIDGE DRIVE	
City-St-Zip:	WESLEY CHAPEL, FL 33543	
Title:	TD	( ) Delete
Name:	DOWELL, DORSITY M	
Address:	7110 LAKE DIVIDE RD	
City-St-Zip:	TEMPLE TERRACE, FL 33637	
Title:	SD	( ) Delete
Name:	CARRINGTON, LUELLA	
Address:	1615 33RD AVE.	
City-St-Zip:	TAMPA, FL 33610	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	SIPLIN, BRENDA	
Address:	14506 MECCA PLACE	
City-St-Zip:	TAMPA, FL 33625	
Title:	TD	(X) Change ( ) Addition
Name:	ALLEN-QUIN, DIANNA M	
Address:	1102 W. CYPRESS STREET	
City-St-Zip:	TAMPA, FL 33606	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DIANNA ALLEN-QUIN TD 04/30/2007

Electronic Signature of Signing Officer or Director — Date