2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749270

1. Entity Name



01-15-2003 90208 047 ****70.00

Secretary of State

FILED

Jan 15, 2003 8:00 am

GAMMA THETA OMEGA, INCORPORATED Principal Place of Business Mailing Address 412 E 7TH AVE P. O. BOX 1246 TAMPA FL 33602 **TAMPA FL 33601**

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Zip

|--|--|

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2072596 Applied For Not Applicable 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

Country

\$8.75 Additional Fee Required 7. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

8. 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. I am familiar with, and accept

SIGNATURE

Zip

BETTY, WIGGINS 3708 MCBERRY ST

LAKELAND FL 33810

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to

Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE NAME GRACE, JONES ☐ Change ☐ Addition NAME STREET ADDRESS 16125 ANCROFT COURT STREET ADDRESS CITY-ST-ZIP TAMPA FL 33647 CITY-ST-ZIP ٧D TITLE ☐ Delete TITLE PHYLLIS, LEE R NAME ☐ Change ☐ Addition NAME STREET ADDRESS 5007 DERRY WAY STREET ADDRESS CITY-ST-7IP TAMPA FL 33647 CITY-ST-ZIP VPD TITLE ☐ Delete ~ TITLE THOMAS, BARBARA T NAME - - - Change -NAME STREET ADDRESS 15219 PLANTATION OAKS DRIVE, #1 STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33647** CITY-ST-ZIP TITLE SD ■ Delete TITLE Allen-Quinn, Dianna 1102 W Cypress street DOWELL, DORSITY ☐ Change Addition NAME STREET ADDRESS 7110 LAKE DIVIDER RD STREET ADDRESS CITY-ST-ZIP TEMPLE TERRACE FL 33617 CITY-ST-ZIP Tampa, FL 33606 TITLE **▼** Delete TITLE NAME BETTY, WIGGINS XX Change Dowell Dorsity 7110 Lake Divide Road ☐ Addition NAME STREET ADDRESS 3708 E. MCBERRY STREET STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33610** CITY-ST-ZIP Temple Terrace FL TITLE Delete TITLE CHARLENE, SANDERS NAME ☐ Change ☐ Addition NAME STREET ADDRESS 11506 N. DALE MABRY HWY APT 201 STREET ADDRESS

12. 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 report or supplemental 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

TAMPA FL 33618

CITY-ST-ZIP

(10/02)