

DOCUMENT # 762685

1. Entity Name

ALPHA GAMMA EDUCATIONAL FOUNDATION OF ALPHA GAMM

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90065 017 ****61.25

Principal Place of Business

Mailing Address

407 S.W. 13TH STREET
GAINESVILLE FL 32609

200 PIERCE STREET
#2
TAMPA FL 33602-5020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2226772

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

Input box

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOOKER, JOHN
200 PIERCE STREET
SUITE 2
TAMPA FL 33602

Name

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

City

FL

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.

SIGNATURE

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.

Input box

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME WOESTE, JOHN
STREET ADDRESS 4410 N.W. 16TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD
NAME BADGER, GENE
STREET ADDRESS P.O. BOX 2345 N/A
CITY-ST-ZIP BELLGLADE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME HOOKER, JOHN D
STREET ADDRESS 200 PIERCE STREET, #2
CITY-ST-ZIP TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John D. Hooker

Date

1/5/2000

Daytime Phone #

813-229-8046

CR2E037 (9/99)