

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04346

1. Entity Name

**GAMMA MU OMEGA ALUMNAE CHAPTER, ALPHA KAPPA ALPHA  
A SORORITY, INC.**

Principal Place of Business

Mailing Address

**SHELIA JACKSON  
4567 WOODCOVE DRIVE  
PORT ORANGE FL 32127  
US**

**P.O. BOX 9185  
DAYTONA BEACH FL 32120  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**36-3202111**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACKSON, SHELIA  
4567 WOODCOVE DRIVE  
PORT ORANGE FL 32127**

Name

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

City

**FL**

Zip Code

☒ 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. ☐

**\$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

T  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TAYLOR-GREEN, ANN D  
1087 MARGARET DR.  
DAYTONA BEACH FL 32114** ☐ Delete

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**JACKSON, SHEILA  
4567 WOODCOVE DRIVE  
PORT ORANGE FL 32127** ☐ Delete

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**WILLIAMS-COLLINS, BELINDA  
1304 SUNSET BLVD.  
DAYTONA BEACH FL 32117** ☐ Delete

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CHILDS, JESSIE  
1657 LAWRENCE CIRCLE  
DAYTONA BEACH FL 32117** ☐ Delete

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TAYLOR, ANN D.  
1087 MARGARET DRIVE  
DAYTONA BEACH FL 32114** ☒ Delete

☐ Change ☐ Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
NAME  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Shelia D. Jackson* **Shelia D. Jackson** 386-481-2629

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)