

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N04346

1. Entity Name

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



Principal Place of Business

**4546 ROCKLEDGE DR
PORT ORANGE, FL 32127 US**

Mailing Address

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



05302004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

**JACKSON, SHELIA
4546 ROCKLEDGE DR
PORT ORANGE, FL 32127**

**DO NOT WRITE
IN THIS SPACE**

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 the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
TAYLOR-GREEN, ANN D
100 JESSICA DRIVE
DAYTONA BEACH, FL 32114**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
JACKSON, SHELIA
4546 ROCKLEDGE DR
PORT ORANGE, FL 32127**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
NASAH, ANGELIQUE
1093 DONNELL DR
PORT ORANGE, FL 32129**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000161962
06/03/04-80001-006 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Ann Taylor Green **ANN TAYLOR GREEN** 3/31/04 (386)481-2064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #