


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90104 028 \*\*\*\*61.25

<b>DOCUMENT # N04346</b> 1. Entity Name <b>GAMMA MU OMEGA ALUMNAE CHAPTER, ALPHA KAPPA ALPHA SORORITY, INC.</b>					
Principal Place of Business <b>4546 ROCKLEDGE DR</b> <b>PORT ORANGE, FL 32127</b> <b>US</b>			Mailing Address <b>P.O. BOX 9185</b> <b>DAYTONA BEACH, FL 32120</b> <b>US</b>		
2. Principal Place of Business <b>1304 Sunset Blvd</b> Suite, Apt. #, etc.			3. Mailing Address <b>P.O. Box 9185</b> Suite, Apt. #, etc.		
City & State <b>Daytona Beach, FL</b>			City & State <b>Daytona Beach, FL</b>		
Zip <b>32117</b> <b>US</b>		Zip <b>32120</b> <b>US</b>		4. FEI Number <b>36-3202111</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>JACKSON, SHELIA</b> <b>4546 ROCKLEDGE DR</b> <b>PORT ORANGE, FL 32127</b>					
7. Name and Address of New Registered Agent Name <b>Belinda Williams-Collins</b> Street Address (P.O. Box Number is Not Acceptable) <b>1304 Sunset Blvd.</b> City <b>Daytona Beach</b> <b>FL</b> Zip Code <b>32117</b>					
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 <u><i>Belinda Wms-Collins, President</i></u> <u>3/11/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing.)</small> <small>DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE <b>T</b> NAME <b>TAYLOR-GREEN, ANN D</b> STREET ADDRESS <b>100 JESSICA DRIVE</b> CITY-ST-ZIP <b>DAYTONA BEACH, FL 32114</b>	<input type="checkbox"/> Delete				
TITLE <b>P</b> NAME <b>JACKSON, SHEILA</b> STREET ADDRESS <b>4546 ROCKLEDGE DR</b> CITY-ST-ZIP <b>PORT ORANGE, FL 32127</b>	<input type="checkbox"/> Delete				
TITLE <b>S</b> NAME <b>WILLIAMS-COLLINS, BELINDA</b> STREET ADDRESS <b>1304 SUNSET BLVD.</b> CITY-ST-ZIP <b>DAYTONA BEACH, FL 32117</b>	<input type="checkbox"/> Delete				
TITLE <b>V</b> NAME <b>NASAH, ANGELIQUE</b> STREET ADDRESS <b>1093 DONNELL DR</b> CITY-ST-ZIP <b>PORT ORANGE, FL 32129</b>	<input type="checkbox"/> Delete				
TITLE <b></b> NAME <b></b> STREET ADDRESS <b></b> CITY-ST-ZIP <b></b>	<input type="checkbox"/> Delete				
TITLE <b></b> NAME <b></b> STREET ADDRESS <b></b> CITY-ST-ZIP <b></b>	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE <b>T</b> NAME <b>Bettye Hawkins</b> STREET ADDRESS <b>835 N. Kottle Circle</b> CITY-ST-ZIP <b>Daytona Beach, FL 32114</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE <b>P</b> NAME <b>Belinda Williams-Collins</b> STREET ADDRESS <b>1304 Sunset Blvd.</b> CITY-ST-ZIP <b>Daytona Beach, FL 32117</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE <b>S</b> NAME <b>Angelique Nasah</b> STREET ADDRESS <b>1092 Donnell Drive</b> CITY-ST-ZIP <b>Port Orange, FL 32127</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE <b>V</b> NAME <b>Salina Davis-Hamilton</b> STREET ADDRESS <b>324 Bartley Road</b> CITY-ST-ZIP <b>Daytona Beach, FL 32114</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE <b></b> NAME <b></b> STREET ADDRESS <b></b> CITY-ST-ZIP <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE <b></b> NAME <b></b> STREET ADDRESS <b></b> CITY-ST-ZIP <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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.					
<b>SIGNATURE:</b> <u>Belinda Williams-Collins</u> <u>Belinda Wms-Collins</u> <u>3/11/05</u> <u>386)071-8729</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>					

50025723



02092005 Chg-NP CR2E037 (10/03)