

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 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

1304 SUNSET BLVD
DAYTONA BEACH, FL 32117 US

Mailing Address

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



04022006 No Chg-NP

CR2E037 (11/05)

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

WILLIAMS-COLLINS, BELINDA
1304 SUNSET BLVD
DAYTONA BEACH, FL 32117

**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 re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE

T

NAME

HAWKINS, BETTYE

STREET ADDRESS

835 N KOTTLE CIRCLE

CITY-ST-ZIP

DAYTONA BEACH, FL 32114

TITLE

P

NAME

WILLIAMS-COLLINS, BELINDA

STREET ADDRESS

1304 SUNSET BLVD

CITY-ST-ZIP

DAYTONA BEACH, FL 32117

TITLE

S

NAME

NASAH, ANGELIQUE

STREET ADDRESS

1092 DONNEL DRIVE

CITY-ST-ZIP

PORT ORANGE, FL 32127

TITLE

V

NAME

DAVIS-HAMILTON, SALINA

STREET ADDRESS

324 BARTLEY ROAD

CITY-ST-ZIP

DAYTONA BEACH, FL 32114

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

11000101493234
04/19/06-80096-017 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Bettye J. Hawkins Bettye Hawkins

4-2-06

386-253-9721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #