


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2007 8:00 am
Secretary of State

07-12-2007 90058 017 ****62.00

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
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05092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 36-3202111	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIAMS-COLLINS, BELINDA 1304 SUNSET BLVD DAYTONA BEACH, FL 32117

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 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
T HAWKINS, BETTYE 835 N KOTTLE CIRCLE DAYTONA BEACH, FL 32114	
P WILLIAMS-COLLINS, BELINDA 1304 SUNSET BLVD DAYTONA BEACH, FL 32117	
S NASAH, ANGELIQUE 1092 DONNEL DRIVE PORT ORANGE, FL 32127	
V DAVIS-HAMILTON, SALINA 324 BARTLEY ROAD DAYTONA BEACH, FL 32114	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 J. Hawkins 5/9/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 376-2539721

ATTACHMENT

40124677
#N04346

I clicked the wrong button before I made the following changes:

Nash, Angelique	changed to	Threatt-Milton, Iris 804 Iron Horse Road Daytona Beach, FL 32114
Davis-Hamilton, Salina	changed to	Loper, Joneva 29 Misner's Trail Ormond Beach, FL 32174