

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

05-21-2003 90080 020 ****61.25

DOCUMENT # N04346

1. Entity Name

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



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

4546 ROCKLEDGE DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ORANGE, FL

City & State

Zip

Zip

Country

Country

4. FEI Number

5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

JACKSON, SHELIA

4567 WOODCOVE DRIVE

PORT ORANGE FL 32127

36-3202111

Applied For

Not Applicable

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

4546 ROCKLEDGE DR

PORT ORANGE

FL

Zip Code

32127

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

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

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

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

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

☐ Delete

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T
TITLE
NAME
GREEN, ANN TAYLOR ☒ Change ☐ Addition
STREET ADDRESS
100 JESSICA DRIVE
CITY-ST-ZIP
DAYTONA BEACH, FL 32114

☒ Change ☐ Addition
TITLE
NAME
4546 ROCKLEDGE DR
STREET ADDRESS
PORT-ORANGE-FL 32127
CITY-ST-ZIP

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

Y
TITLE
NAME
NASAH, ANGELIQUE
STREET ADDRESS
1093 DONNELL DR
CITY-ST-ZIP
DAYTONA BEACH, FL 32129 ☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ 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.

SIGNATURE: **ANN TAYLOR GREEN**

9/7/03 (386) 481-2064

CR2E037 (4/03)

Attachment

55056042
#N04346

PAY TO THE ORDER OF <u>Alpha Kappa Alpha, Inc.</u>		CAMMA MU OMEGA CHAPTER OF 05-57	
<u>Alpha Kappa Alpha, Inc.</u>		ALPHA KAPPA ALPHA, INC.	
Operating Account		P.O. Box 9185	
Daytona Beach, FL 32120		Daytona Beach, FL 32120	
DATE <u>5/19/03</u>		\$ <u>61.25</u>	
FOR <u>Living Fee</u>		DOLLARS	
SUNTRUST		Security Features	
Sunttrust Bank, East Central Florida		Included on back	
Daytona Beach, Florida		63-530/631	
1100174111 110631053081053000860009011		90136931 1741	
11000000612511			

ENDORSE DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT. # 1009068708

MAY 21 2003

DO NOT SIGN / WRITE / STAMP BELOW THIS LINE
FOR FINANCIAL INSTITUTION USAGE ONLY

02030 020369

MAY 29 03

BANK OF AMERICA NA, N.A.
6063000074 E4819 90 P11
05/30/03

SUNTRUST BANK
5008-004