

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90297 014 \*\*\*\*61.25

**DOCUMENT # N08857**

1. Entity Name  
GAMMA THETA ALUMNI FUND, INC.



Principal Place of Business  
2772 NW 43 STREET  
S  
GAINESVILLE, FL 32606 US

Mailing Address  
2772 NW 43 STREET  
S  
GAINESVILLE, FL 32606 US

**50043237**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02252005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
59-2491279

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLDEN, CHARLES I., JR.  
2772 NW 43 STREET, SUITE S  
GAINESVILLE, FL 32606

Name

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

City

FL

Zip Code

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, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME HOLDEN, CHARLES I., JR. ☐ Delete  
STREET ADDRESS 2772 NW 43 STREET, SUITE S  
CITY-ST-ZIP GAINESVILLE, FL 32606

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

TITLE VD ☐ Delete  
NAME OLINGER, WILLIAM D., II.  
STREET ADDRESS 2700A NW 43RD ST.  
CITY-ST-ZIP GAINESVILLE, FL 32606

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

TITLE DST ☐ Delete  
NAME HODGE, L. CLARK, JR.  
STREET ADDRESS 3500 SW 2ND AVENUE  
CITY-ST-ZIP GAINESVILLE, FL 32606

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

TITLE D ☐ Delete  
NAME PERRY, STEVEN  
STREET ADDRESS 2705 CRESWICK DRIVE  
CITY-ST-ZIP PLANE, TX 75093

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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.

(352) 373-

**SIGNATURE:** *William D. Olinger, II* William D. Olinger, II, Vice-Pres. X (352) 373-3337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #