

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



04212006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2491279

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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

William D. Olinger

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/28/06

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1000000553663
05/15/06-80062-005 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:

William D. Olinger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06

DATE

352-373-3337

Daytime Phone If