

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2008 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



01112008 No Chg-NP

CR2E037 (4/06)

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**

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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 reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000914488
05/08/08-80058-023 61.25**

10. OFFICERS AND DIRECTORS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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 **William D. Olinger**

4/24/08 1352373-3337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #