FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 20 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

$61.25

DOCUMENT # N18291

1. Corporation Name: Gamma Gamma Chapter of Kappa Alpha Theta Fraternity

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-04/27/95--01021--013
*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business: Rollins College 1000 Holt Ave 2484 Winter Park FL 32789

Mailing Address: 451 Huntington Ave. Winter Park FL 32789

3. Date Incorporated or Qualified: 12/16/86
3a. Date of Last Report: 4/14/94
4. FEI Number: 237208259 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
21 Rollins College	26	
Suite, Apt. #, etc. 22 1000 Holt Ave 2484	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
City & State 23 Winter Park FL	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status $61.25 ☑ **$68.75** Supplemental Fee Not Required
Zip 24 32789 Country 25 USA	Zip 29 Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

Pamela C. Smith
451 Huntington Ave.
Winter Park FL 32789

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D PRESIDENT	11 TITLE	☐ Change ☐ Addition
NAME	Rachel Hamman	12 NAME	
STREET ADDRESS	313 Silver Pine Dr.	13 STREET ADDRESS	
CITY-ST-ZIP	Lake Mary FL 32746	14 CITY-ST-ZIP	
TITLE	VP V.P.	21 TITLE	☐ Change ☐ Addition
NAME	D Melanie Lee	22 NAME	
STREET ADDRESS	2048 Sue Harbor Cove	23 STREET ADDRESS	
CITY-ST-ZIP	Orlando FL 32803	24 CITY-ST-ZIP	
TITLE	T/D TREASURER/Director	31 TITLE	☐ Change ☐ Addition
NAME	Pamela C. Smith	32 NAME	
STREET ADDRESS	451 Huntington Ave.	33 STREET ADDRESS	
CITY-ST-ZIP	Winter Park FL 32789	34 CITY-ST-ZIP	
TITLE	S/D Secretary	41 TITLE	☑ Change ☐ Addition
NAME	Julie Champion	42 NAME	S/D Lillian Martin
STREET ADDRESS	P.O. Box 941988	43 STREET ADDRESS	1861 Shiloh Lane
CITY-ST-ZIP	Maitland FL 32794	44 CITY-ST-ZIP	Winter Park FL 32789
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

$1 4/20

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pamela C. Smith Pamela C. Smith 3/10/95 407 647-2859
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #