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Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18291 (7)

1. Corporation Name

THE GAMMA GAMMA CHAPTER OF KAPPA ALPHA THETA FRA
TERNITY

Principal Place of Business

Mailing Address

ROLLINS COLLEGE
1000 HOLT AVE 2484
WINTER PARK FL 32789
US451 HUNTINGTON AVE.
WINTER PARK FL 32789-50313. Date Incorporated or Qualified
12/16/19863a. Date of Last Report
01/24/19964. FEI Number
23-7208259Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, PAMELA C
451 HUNTINGTON AVE.
WINTER PARK FL 32789

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HAMMAN, RACHEL
STREET ADDRESS 313 SILVER PINE DR
CITY-ST-ZIP LAKE MARY FL 32746 ☒ DELETETITLE VD
NAME LEE, MELANIE
STREET ADDRESS 2048 SUE HARBOR COVE
CITY-ST-ZIP ORLANDO FL 32803 ☒ DELETETITLE TD
NAME SMITH, PAMELA
STREET ADDRESS 451 HUNTINGTON AVE.
CITY-ST-ZIP WINTER PARK FL 32789 ☐ DELETETITLE SD
NAME MARTIN, LILLIAN
STREET ADDRESS 1861 SHILOH LANE
CITY-ST-ZIP WINTER PARK FL 32789 ☒ DELETETITLE D
NAME AVERY, DORIS
STREET ADDRESS 2832 RAPIDAN TRAIL
CITY-ST-ZIP MAITLAND FL ☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Lisa Lyle Vimmerstedt
1.3 STREET ADDRESS 520 E. Lake Sue Ave.
1.4 CITY-ST-ZIP Winter Park FL 32789 ☒ Change ☐ Addition2.1 TITLE VD
2.2 NAME Elaine Berry Clark
2.3 STREET ADDRESS 1701 Diana Drive
2.4 CITY-ST-ZIP Winter Park FL 32789 ☒ Change ☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition4.1 TITLE SD
4.2 NAME Dorothy Fleming Green
4.3 STREET ADDRESS 3907 Cove Trail
4.4 CITY-ST-ZIP Winter Park FL 32789 ☒ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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 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 2/20/97 407/647-2859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0012471

CR2E037 (9/96)