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Jan 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
US**

**451 HUNTINGTON AVE.
WINTER PARK FL 32789**

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

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/16/1986

4. FEI Number

23-7208259

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

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	<input type="checkbox"/> DELETE
NAME	VIMMERSTEDT, LISA LYLE	
STREET ADDRESS	520 E LAKE SUE AVE	
CITY-ST-ZIP	WINTER PARK FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	CLARK, ELAINE BERRY	
STREET ADDRESS	1701 DIANA DRIVE	
CITY-ST-ZIP	WINTER PARK FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	SMITH, PAMELA	
STREET ADDRESS	451 HUNTINGTON AVE.	
CITY-ST-ZIP	WINTER PARK FL 32789	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	GREEN, DOROTHY FLEMIN	
STREET ADDRESS	2907 COVE TRAIL	
CITY-ST-ZIP	WINTER PARK FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	AVERY, DORIS	
STREET ADDRESS	2832 RAPIDAN TRAIL	
CITY-ST-ZIP	MAITLAND FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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:

Sandra B. Mortham **Sandra B. Mortham**

1/5/97 407 647-2839

CR2E037 (10/97)