2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29374

FILED Jan 19, 2009 Secretary of State

Entity Name: GAMMA MU FOUNDATION, INC.

Current Pr	rincipal Place of Business:	New Principal Place of Business:
	TH STREET MANORS, FL 33305 US	1160 N FEDERAL HWY #522 FT LAUDERDALE, FL 33304 US
Current Ma	ailing Address:	New Mailing Address:
	「SUNRISE BLVD, #624 RDALE, FL 33304 US	1975 EAST SUNRISE BLVD, #624 FT LAUDERDALE, FL 33304 US
FEI Number:	33-0351175 FEI Number Applied For () FEI I	Number Not Applicable () Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
612 NE 261 WILTON M	1ANORS, FL 33305 US	CULBRETH, MARTIN W 1160 N FEDERAL HWY. #522 FT LAUDERDALE, FL 33304 US
	named entity submits this statement for the purpose of Florida.	e of changing its registered office or registered agent, or both,
SIGNATUR	RE: MARTIN W CULBRETH	01/19/2009
	Electronic Signature of Registered Agent	Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	D/P () Delete LEWIS, JACK V 2344 THROCKMORTON ST. DALLAS, TX 75219 US	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D/VP () Delete LOTTERER, STEVEN A 3552 S GEORGE MASON DRIVE ALEXANDRIA, VA 22302 US	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D/T () Delete SHERROD, JIM H 546 MIDWAY CRICLE NASHVILLE, TN 37027 US	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D/S () Delete MORTON, DOUGLAS 54 RAINEY STREET, #810 AUSTIN, TX 78701	Title: D/S (X) Change () Addition Name: SIKES, TOM Address: 2915 GUADALUPE RD. City-St-Zip: PALM SPRINGS, CA 92264
Title: Name: Address: City-St-Zip:	D () Delete PETTIT, CLIFF JR 2872 NE 25TH COURT FORT LAUDERDALE, FL 33305	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete CULBRETH, MARTIN W 1160 NORTH FEDERAL HWY, #522 FT LAUDERDALE, FL 33304	Title: () Change () Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN W. CULBRETH D 01/19/2009