

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N30584 (9)

1. Corporation Name

GAMMA TAU HOUSING CORPORATION OF SIGMA ALPHA MU
FRATERNITY, INC.



Principal Place of Business

Mailing Address

C/O GARY P. GORMIN
7922 IDLEWILD LANE
SEMINOLE FL 34647

C/O GARY P. GORMIN
7922 IDLEWILD LANE
SEMINOLE FL 34647

3. Date Incorporated or Qualified
02/09/1989

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21 8680 LONGWOOD DR.

26 8680 LONGWOOD DR.

4. FEI Number
59-2940590

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State

City & State

23 SEMINOLE, FL.

28 SEMINOLE, FL.

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 34647

25 PINELLAS

29 34647

30 PINELLAS

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GORMIN, GARY P.
7922 IDLEWILD LANE
SEMINOLE FL 34647

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

8680 LONGWOOD DR.

83

84 City

SEMINOLE

FL

85 Zip Code
34647

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

Gary P. Gormin

GARY P. GORMIN

2-17-96

(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 D ☒ DELETE
NAME SCHWARTZ, WILLIAM P.
STREET ADDRESS 651 NORTH RANGE LINE RD.
CITY-ST-ZIP CARMEL IN

TITLE D ☐ DELETE
NAME SCHAFER, LAWRENCE D.
STREET ADDRESS 407 E. LIVINGSTON AVE.
CITY-ST-ZIP COLUMBUS OH

TITLE D ☒ DELETE
NAME MANDERS, LELAND D.
STREET ADDRESS 300 ESTATES DR.
CITY-ST-ZIP DAYTON OH

TITLE D ☒ DELETE
NAME ELLISON, WALDO M.
STREET ADDRESS 1623 MICANOPY AVENUE
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE
NAME GORMIN, GARY P.
STREET ADDRESS 7922 IDLEWILD LANE
CITY-ST-ZIP SEMINOLE FL

TITLE ☐ 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 DIRECTOR
6.3 STREET ADDRESS JAMES GORDON
6.4 CITY-ST-ZIP 651 NO. RANGE LINE RD.
CARMEL IN. 46032

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)(k), 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:

Gary P. Gormin

DIRECTOR/PRESIDENT

2-17-96 (813)-531-3402

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E037 (12/95)