

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 # N95000000313 (5)

1. Corporation Name

GAMMA GAMMA SORORITY, INC.



Principal Place of Business

Mailing Address

710 SHERMAN AVENUE  
PANAMA CITY FL 32401

710 SHERMAN AVENUE  
PANAMA CITY FL 32401

3. Date Incorporated or Qualified

01/10/1995

3a. Date of Last Report

1st Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3285284

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

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

24

25

Country

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURCH, HATTIE  
710 SHERMAN AVENUE  
PANAMA CITY FL 32401

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 ☐ DELETE

NAME CAMPBELL, RUBY  
STREET ADDRESS 710 SHERMAN AVENUE  
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE VD ☐ DELETE

NAME BARNES, ANNIE P  
STREET ADDRESS 710 SHERMAN AVENUE  
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE VD ☐ DELETE

NAME CAIN, MARY  
STREET ADDRESS 710 SHERMAN AVENUE  
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE SD ☐ DELETE

NAME SPEIGHT, GAY  
STREET ADDRESS 710 SHERMAN AVENUE  
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE SD ☐ DELETE

NAME FRYE, ALICE  
STREET ADDRESS 710 SHERMAN AVENUE  
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE SD ☐ DELETE

NAME MILLER, MERNA  
STREET ADDRESS 710 SHERMAN AVENUE  
CITY-ST-ZIP PANAMA CITY FL 32401

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TD ☐ Change ☒ Addition

1.2 NAME BURCH, HATTIE  
1.3 STREET ADDRESS 1002 MAPLE AVENUE  
1.4 CITY-ST-ZIP PANAMA CITY, FL 32401

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

500001873399  
-06/24/96--01041--018  
\*\*\*75.00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HATTIE BURCH

04-29-96

(904) 872-4326

Date

Daytime Phone #

CR2E037 (12/95)