

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90183 036 ****75.00

DOCUMENT # N95000000313

1. Corporation Name

GAMMA GAMMA SORORITY, INC.

Principal Place of Business

**710 SHERMAN AVENUE
PANAMA CITY FL 32401**

Mailing Address

**710 SHERMAN AVENUE
PANAMA CITY FL 32401**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country **30**

3. Date Incorporated or Qualified

01/10/1995

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**

9. Name and Address of Current Registered Agent

**BURCH, HATTIE
710 SHERMAN AVENUE
PANAMA CITY FL 32401**

10. Name and Address of New Registered Agent

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 **BARNES, ANNIE P**
STREET ADDRESS **710 SHERMAN AVE.**
CITY-ST-ZIP **PANAMA CITY FL**

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 **VD** ☐ DELETE
NAME **LAMBERT, THELMA**
STREET ADDRESS **710 SHERMAN AVE.**
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **TD** ☐ DELETE
NAME **BURCH, HATTIE**
STREET ADDRESS **1002 MAPLE AVENUE**
CITY-ST-ZIP **PANAMA CITY FL 32401**

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 **PD** ☒ Change ☐ Addition
2.2 NAME **Mary Cain**
2.3 STREET ADDRESS **710 Sherman Avenue**
2.4 CITY-ST-ZIP **Panama City, FL 32401**

3.1 TITLE **VD Gay Speights** ☒ Change ☐ Addition
3.2 NAME **710 Sherman Avenue**
3.3 STREET ADDRESS **Panama City, FL 32401**
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 **SD Louise Ford**
6.3 STREET ADDRESS **710 Sherman Avenue**
6.4 CITY-ST-ZIP **Panama City, FL 32401**

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, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HATTIE BURCH, 5/08/99

850-763-1626

Date

Daytime Phone #

CR2E037 (11/98)