

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90010 041 ****75.00

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DOCUMENT # N95000000313

1. Entity Name
 GAMMA GAMMA SORORITY, INC.

Principal Place of Business Mailing Address
 710 Sherman Avenue 710 Sherman Avenue
 PANAMA CITY, FLORIDA 32401 Panama City, Fl 32401

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number 59-5285284 Applied For Not Applicable

h Zip Country Zip Country 5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
 BURCH, HATTIE
 710 SHERMAN AVENUE
 PANAMA CITY, FLORIDA 32401
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
 9. Election Campaign Financing Trust Fund Contribution. ☒ \$5.00 May Be Added to Fees Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAIN, MARY		NAME		
STREET ADDRESS	710 Sherman Ave.		STREET ADDRESS		
CITY-ST-ZIP	Panama City, Florida 32401		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEIGHTS, GAY		NAME		
STREET ADDRESS	710 Sherman Ave.		STREET ADDRESS		
CITY-ST-ZIP	Panama City, Florida 32401		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERT, THELMA		NAME	CAMPBELL, RUGY	
STREET ADDRESS	710 Sherman Ave.		STREET ADDRESS	710 Sherman Ave.	
CITY-ST-ZIP	Panama City, Fl 32401		CITY-ST-ZIP	Panama City, Fl 32401	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALISTER, MARIA		NAME		
STREET ADDRESS	710 Sherman Ave.		STREET ADDRESS		
CITY-ST-ZIP	Panama City, Fl 32401		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURCH, HATTIE		NAME		
STREET ADDRESS	710 Sherman Ave.		STREET ADDRESS		
CITY-ST-ZIP	Panama City, Fl 32401		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Hattie Burch* HATTIE BURCH 5/15/2000

CR2E037 (9/99)