

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**  
 05-29-2002 90720 029 \*\*\*\*75.00

**DOCUMENT # N95000000313**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3285284**

Applied For

Not Applicable

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 FL 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

**FILE NOW: FEE IS \$61.25**

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

TITLE PD ☒ Change ☐ Addition  
 NAME Speights, Gay  
 STREET ADDRESS 710 Sherman Avenue  
 CITY-ST-ZIP Panama City, FL 32401

TITLE VD ☐ Delete  
 NAME SPEIGHTS, GAY  
 STREET ADDRESS 710 SHERMAN AVENUE  
 CITY-ST-ZIP PANAMA CITY FL 32401

TITLE VD ☒ Change ☐ Addition  
 NAME Campbell, Ruby  
 STREET ADDRESS 710 Sherman Avenue  
 CITY-ST-ZIP Panama City, Florida 32401

TITLE VD ☐ Delete  
 NAME CAMPBELL, RUGY  
 STREET ADDRESS 710 SHERMAN AVE.  
 CITY-ST-ZIP PANAMA CITY FL 32401

TITLE VD ☒ Change ☐ Addition  
 NAME McCalister, Maria  
 STREET ADDRESS 710 Sherman Avenue  
 CITY-ST-ZIP Panama City, Florida 32401

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

TITLE TD ☐ Change ☐ Addition  
 NAME Burch, Hattie  
 STREET ADDRESS 710 Sherman Avenue  
 CITY-ST-ZIP Panama City, Florida 32401

TITLE SD ☐ Delete  
 NAME MCCALISTER, MARIA  
 STREET ADDRESS 710 SHERMAN AVENUE  
 CITY-ST-ZIP PANAMA CITY FL 32401

TITLE SD ☐ Change ☒ Addition  
 NAME Ford, Louise  
 STREET ADDRESS 710 Sherman Avenue  
 CITY-ST-ZIP Panama City, Florida 32401

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME Barnes, Annie (D)  
 STREET ADDRESS 710 Sherman Avenue  
 CITY-ST-ZIP Panama City, Florida 32401

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:

**SIGNATURE REQUIRED**

Hattie Burch

5-8-02

(850) 763-1626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)