FILED
May 17, 2005 08:00 AM
Secretary of State

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DO NOT WRITE IN THIS SPACE

04272005 Nc Chg-NP CR2EC37 (10/03)

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

BURCH, HATTIE
710 SHERMAN AVENUE
PANAMA CITY, FL 32401

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution ☒ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	FORD, LOUISE
STREET ADDRESS	710 SHERMAN AVENUE
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	D
NAME	SPEIGHTS, GAY
STREET ADDRESS	710 SHERMAN AVENUE
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	SD
NAME	CAMPBELL, RUBY
STREET ADDRESS	710 SHERMAN AVE.
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	TD
NAME	BURCH HATTIE
STREET ADDRESS	710 SHERMAN AVE
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	PD
NAME	MCCALISTER, MARIA
STREET ADDRESS	710 SHERMAN AVENUE
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	VD
NAME	STANLEY, APRIL
STREET ADDRESS	710 SHERMAN AVE
CITY-ST-ZIP	PANAMA CITY, FL 32401

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05/17/05-80001-010 75.00

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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 B. Burch HATTIE B. BURCH 5-10-05 850-763-1626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #