

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000313

FILED
Mar 22, 2009
Secretary of State

Entity Name: GAMMA GAMMA CHAPTER, INC.

Current Principal Place of Business:

710 SHERMAN AVENUE
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

710 SHERMAN AVENUE
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 59-3285284

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAIN, MARY
710 SHERMAN AVENUE
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: FORD, LOUISE
Address: 710 SHERMAN AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: SD () Delete
Name: FRYE, ALICE
Address: 710 SHERMAN AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: CAMPBELL, RUBY
Address: 710 SHERMAN AVE.
City-St-Zip: PANAMA CITY, FL 32401

Title: TD () Delete
Name: CAIN, MARY
Address: 710 SHERMAN AVE
City-St-Zip: PANAMA CITY, FL 32405

Title: PD () Delete
Name: MCCALISTER, MARIA
Address: 710 SHERMAN AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: VD () Delete
Name: STANLEY, APRIL
Address: 710 SHERMAN AVE
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA D. MCCALISTER

MRS.

03/22/2009

Electronic Signature of Signing Officer or Director

Date