

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000313

FILED
Apr 28, 2012
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:

P.O. BOX 2451
PANAMA CITY, FL 324022451 US

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:

CAMPBELL, RUBY
710 SHERMAN AVENUE
PANAMA CITY, FL 32405 US

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: RUBY CAMPBELL

04/28/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: CAMPBELL, RUBY
Address: 710 SHERMAN AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: VP
Name: FRYE, ALICE
Address: 710 SHERMAN AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: T
Name: MCCALISTER, MARIA D
Address: 710 SHERMAN AVE.
City-St-Zip: PANAMA CITY, FL 32401

Title: FS
Name: SMILEY, KATHY
Address: 710 SHERMAN AVE
City-St-Zip: PANAMA CITY, FL 32405

Title: S
Name: BROWN, OLA
Address: 710 SHERMAN AVENUE
City-St-Zip: PANAMA CITY, FL 32401

Title: D
Name: BARNES, ANN
Address: 710 SHERMAN AVE
City-St-Zip: PANAMA CITY, FL 32401

I hereby 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 all other like empowered.

SIGNATURE: MARIA D. MCCALISTER

T

04/28/2012

Electronic Signature of Signing Officer or Director

Date