

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2003 8:00 am
Secretary of State

06-03-2003 90037 040 ****75.00

DOCUMENT # N95000000313

1. Entity Name

GAMMA GAMMA SORORITY, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

710 Sherman Avenue

Suite, Apt. #, etc.

3. Mailing Address

710 Sherman Avenue

Suite, Apt. #, etc.

City & State

Panama City, FL

City & State

Panama City, FL

Zip

32401

Country

Bay

Zip

32401

Country

4. FEI Number

59-3285284

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

BURCH, HATTIE

Street Address (P.O. Box Number is Not Acceptable)

710 SHERMAN AVENUE

City

PANAMA CITY,

FL

Zip Code

32401

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

**9. Election Campaign Financing
Trust Fund Contribution.**

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**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	McCALISTER, MARIA
STREET ADDRESS	710 SHERMAN AVENUE
CITY-ST-ZIP	Panama City, FL 32401
TITLE	VD
NAME	FORD, LOUISE
STREET ADDRESS	710 Sherman Avenue
CITY-ST-ZIP	Panama City, FL 32401
TITLE	VD
NAME	STANLEY, APRIL
STREET ADDRESS	710 Sherman Avenue
CITY-ST-ZIP	Panama City, FL 32401
TITLE	SD
NAME	CAMPBELL, RUBY
STREET ADDRESS	710 Sherman Avenue
CITY-ST-ZIP	Panama City, FL 32401
TITLE	TD
NAME	BURCH, HATTIE
STREET ADDRESS	1002 Maole Avenue
CITY-ST-ZIP	Panama City, FL 32401
TITLE	D
NAME	SPEIGHTS, GAY /Panama City,FL
STREET ADDRESS	710 Sherman Avenue
CITY-ST-ZIP	32401

TITLE	D
NAME	CAIN, MARY
STREET ADDRESS	710 Sherman Avenue
CITY-ST-ZIP	Panama City, FL

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowerments.

SIGNATURE:

Hattie Burch

5-31-03 (850) 763-1626

CR2E037B (12/02)