

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004390 (9)

1. Corporation Name

GAMMA ETA EDUCATIONAL FOUNDATION, INC.



Principal Place of Business

Mailing Address

2246 MONAGHAN DRIVE
TALLAHASSEE FL 32308

2246 MONAGHAN DRIVE
TALLAHASSEE FL 32308

3. Date Incorporated or Qualified

09/14/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3338740

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

23

28

24

25

Country

29

30

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YEARTY, JOHN A
2246 MONAGHAN DRIVE
TALLAHASSEE FL 32308

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when renouncing)

DATE

5-1-96

12. OFFICERS AND DIRECTORS

TITLE

PD

☐ DELETE

NAME

YEARTY, JOHN A

STREET ADDRESS

PO BOX 38448 N/A

CITY - ST - ZIP

TALLAHASSEE FL 32315

TITLE

VD

☐ DELETE

NAME

RUFF, P M

STREET ADDRESS

2246 MONAGHAN DR

CITY - ST - ZIP

TALLAHASSEE FL 32308

TITLE

SD

☐ DELETE

NAME

MURRAY, EDWARD

STREET ADDRESS

3382 NE CAPITAL CIRCLE

CITY - ST - ZIP

TALLAHASSEE FL 32308

TITLE

TD

☐ DELETE

NAME

CLEMENTS, MERRITT R JR

STREET ADDRESS

625 N ADAMS ST

CITY - ST - ZIP

TALLAHASSEE FL 32301

TITLE

D

☐ DELETE

NAME

WILLIAMSON, DENNIS

STREET ADDRESS

PO BOX 1489 N/A

CITY - ST - ZIP

TALLAHASSEE FL 32302

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

P. Michael Ruff (Paul Michael Ruff) 4/29/96 (904) 488-9675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)