NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9500004390

GAMMA ETA EDUCATIONAL FOUNDATION, INC.

Principal Place of Busine							
2246	MONAGH	AN	DRIVE				
TALL	AUACCEE	E1	22200				

Mailing Address

2246 MONAGHAN DRIVE TALLAHASSEE FL 32308

## **FILED** Feb 25, 1999 8:00 am § Secretary of State

02-25-1999 90031 016 \*\*\*\*61.25

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2. Principal Place of Business		2a. Mailing Address			3. Date Incorporated or Qualifed 09/14/1995					
21		26	<del></del>			4. FEI Numt				15 of <b>5</b> or
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.			59-3338				olied For
22		27				39 3330	7/40		<del> </del>	Applicable
City & State City & State						5. Certifcate	of Status Desir	ed 🔲	\$8.75 A	
23	28								Fee Re	quirea
Zip	Country	Zip Count				6. Election C	•	\$5.00 May Be		
24	25	29	30				d Contribution		Added to	Fees
	<ol> <li>Name and Address of Current</li> </ol>	10. Name and Address of New Registered Agent								
P.WI	chael R. FF			81 Name P. Michael R.FF						
YEARTY.	HOHN-A			82	Street Add	ress (P.O. Box N	Imber is Not Ac	centable		
	NAGHAN DRIVE			"	2	2 46	MONO		DL	
	SSEE FL 32308			83		<u></u>	- June	7	-	
IALLAMAS	SEE PL 32300								<del></del>	
				84	City -	11.6.		F	85 Zip C	ode _ o
44 =		1047 4500 Florid	- 04-4-4 45	11	$\perp \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \! \!$	I/anas	sic statement to	or the numose	of changing its	-2 00
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	if Florida, Such chanc	te was authorize	d by 1	he corporat	tion's board of dire	ctors, I hereby	accept the app	ointment as reg	istered
agent. I a	m familiar with, and accept the bligati	ons of Section 647.0	503, Florida Sta	tutes.	•			, ,	·	J
SIGNATURE	W. Mukael	Tull						2/2/	79	
0.0.0.0.12	Signature, typed or printed name of registered agent		` .	1 Agent	signature requir	red when reinstating)	VALUE OF A	OUTE.	AND DIRECTO	DC IN 12
12.	OFFICERS AND		13.			ADDITION	S/CHANGES TO	JOPPIOERS /		Addition
TITLE	PD	□ DE	LETE 1.1 T	TLE					Change	Addition
NAME	YEARTY, JOHN A		1.2 N	AME				•		
STREET ADDRESS	PO BOX 38448 N/A		1.3 \$	TREET	ADDRESS		٠			1
CITY+ST-ZIP	TALLAHASSEE FL 32315		1.4 C	TY-ST	-ZIP					
TITLE	VD	DE	LETE 2.1 T	ITLE			<del></del> -		Change	Addition
NAME	RUFF, P M		2.2 N	AME	ļ					
STREET ADDRESS	2246 MONAGHAN DR		2.3 \$	TREET	ADDRESS					
	TALLAHASSEE FL 32308			ITY-SI						
CITY-ST-ZIP	SD SD	ПО	LETE 3.1 T		-			<del></del>	Change	☐ Addition
	MURRAY, EDWARD		3.2 N							
NAME	3382 NE CAPITAL CIRCLE				ADDRESS					
STREET ADDRESS					ŀ					
CITY-ST-ZIP	TALLAHASSEE FL 32308	□ DE		ITY-SI	-210	-			☐ Change	Addition
TITLE	TD									
NAME	CLEMENTS, MERRITT R JR		4. 21		1					
STREET ADDRESS	625 N ADAMS ST		4.3 S	TREET	ADDRESS					
CITY-ST-ZIP	TALLAHASSEE FL 32301			ITY-ST	-ZIP					ET A LISE
TITLE	D	□ D£							Change	Addition
NAME	WILLIAMSON, DENNIS		5.2 N	AME						ļ
STREET ADDRESS	PO BOX 1489 N/A		5.3 \$	TREET	ADDRESS					
CITY-ST-ZIP	TALLAHASSEE FL 32302		5.4 C	ITY-ST	ZIP					
TITLE		□ DE	LETE 6.1 T	TLE					☐ Change	☐ Addition
NAME			6.2 N	AME						
STREET ADDRESS			6.3 S	TREET	ADDRESS					
				ITY-ST						
CITY-ST-ZIP	Large at the state of the state	this filing doop not o				Section 119 07(3)	/i) Elorido State	doe I further o	ortific that the in	formation

Include the importance of supplied with this liming does not quality for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

850-575-1023