

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90101 030 ****70.00

DOCUMENT # N95000004390

1. Entity Name
GAMMA ETA EDUCATIONAL FOUNDATION, INC.



Principal Place of Business
**2246 MONAGHAN DRIVE
TALLAHASSEE, FL 32308**

Mailing Address
**2246 MONAGHAN DRIVE
TALLAHASSEE, FL 32308**

03000000J

2. Principal Place of Business

3. Mailing Address

**2039 CENTRE POINT BLVD
SUITE 103**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07062004 Chg-NP CR2E037 (10/03)

City & State

City & State

Tallahassee

Florida

4. FEI Number
59-3338740

Applied For
Not Applicable

Zip Country
32308 FL

Zip Country
32308 FL

5. Certificate of Status Desired ☐ \$8.75. Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUFF, P M
2246 MONAGHAN DRIVE
TALLAHASSEE, FL 32308**

Name **BUCK CLEMENTS**

Street Address (R.O. Box Number is Not Acceptable)
**2039 CENTRE POINT BLVD
SUITE 103**

City **Tallahassee** FL Zip Code **32308**

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

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PD YEARTY, JOHN A**
STREET ADDRESS **PO BOX 38448 N/A**
CITY-ST-ZIP **TALLAHASSEE, FL 32315**

TITLE ☐ Delete
NAME **VD RUFF, P M**
STREET ADDRESS **2246 MONAGHAN DR**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE ☐ Delete
NAME **SD MURRAY, EDWARD**
STREET ADDRESS **3382 NE CAPITAL CIRCLE**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE ☐ Delete
NAME **TD CLEMENTS, MERRITT R JR**
STREET ADDRESS **625 N ADAMS ST 2039 CENTRE POINT BLVD**
CITY-ST-ZIP **TALLAHASSEE, FL 32304 32308**

TITLE ☐ Delete
NAME **D WILLIAMSON, DENNIS**
STREET ADDRESS **PO BOX 1489 N/A**
CITY-ST-ZIP **TALLAHASSEE, FL 32302**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **PD John A. Yearty**
STREET ADDRESS **4834 Ballygar Drive**
CITY-ST-ZIP **Tallahassee, FL 32309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **MERRITT R CLEMENTS JR**
STREET ADDRESS **2039 CENTRE POINT BLVD**
CITY-ST-ZIP **SUITE 103 TALLAHASSEE FL 32308**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Yearty

7/6/04 (850) 668-9518

Date

Daytime Phone #