

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004390

FILED
Mar 01, 2005
Secretary of State

Entity Name: GAMMA ETA EDUCATIONAL FOUNDATION, INC.

Current Principal Place of Business:

2246 MONAGHAN DRIVE
TALLAHASSEE, FL 32308

New Principal Place of Business:

2039 CENTRE POINTE STE 103
TALLAHASSEE, FL 32308

Current Mailing Address:

2039 CENTRE POINTE BLVD
STE 103
TALLAHASSEE, FL 32308

New Mailing Address:

4834 BALLYGAR DRIVE
TALLAHASSEE, FL 32309

FEI Number: 59-3338740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLEMENTS, BUCK
2039 CENTRE POINTE STE 103
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: YEARTY, JOHN A
Address: 4834 BALLYGAR DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: VD () Delete
Name: RUFF, P M
Address: 2246 MONAGHAN DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: SD () Delete
Name: MURRAY, EDWARD
Address: 3382 NE CAPITAL CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD () Delete
Name: CLEMENTS, MERRITT R JR
Address: 2039 CLEMATIS POINTE BLVD STE 103
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: WILLIAMSON, DENNIS
Address: PO BOX 1489 N/A
City-St-Zip: TALLAHASSEE, FL 32302

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JOHN A. YEARTY

PD

03/01/2005

Electronic Signature of Signing Officer or Director

Date