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May 01 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra S. Montham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001194 (7)

1. Corporation Name

GAMMA RHO INTERNATIONAL EDUCATIONAL FOUNDATION,
INC.

Principal Place of Business

Mailing Address

C/O CRAIG EISNER
1730 BEECHWOOD CIRCLE NORTH
TALLAHASSEE FL 32301

C/O CRAIG EISNER
1730 BEECHWOOD CIRCLE NORTH
TALLAHASSEE FL 32301-6765

3. Date Incorporated or Qualified
02/29/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

4. FEI Number

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

EISNER, CRAIG
1730 BEECHWOOD CIRCLE NORTH
TALLAHASSEE FL 32301

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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Director ☐ DELETE
NAME Craig Eisner
STREET ADDRESS 1730 Beechwood Cir N
CITY-ST-ZIP Tallahassee FL 32301

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE Director ☒ DELETE
NAME Allen Hallas
STREET ADDRESS 6439 Court Turf Tr
CITY-ST-ZIP Tallahassee - FL 32308

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Director Allen Hallas
2.3 STREET ADDRESS 8640 SW 212th St #304
2.4 CITY-ST-ZIP Miami FL 33189

TITLE Director ☐ DELETE
NAME Huel Wheeler
STREET ADDRESS 2929 Woodside Dr
CITY-ST-ZIP Tallahassee FL 32312

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE Director ☐ DELETE
NAME Joe Sowinski
STREET ADDRESS 4723 Pintail Dr
CITY-ST-ZIP Tallahassee FL 32311

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 does not qualify 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 in an attachment with an address.

SIGNATURE:

Craig Eisner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/97
Date

904 562-9075
Daytime Phone #0007340

CR2E037 (9/96)