


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90033 048 ****61.25

DOCUMENT # N96000001194					
1. Entity Name GAMMA RHO INTERNATIONAL EDUCATIONAL FOUNDATION, INC.					
Principal Place of Business 1713 TALPECO RD TALLAHASSEE, FL 32303 US			Mailing Address THETA CHI INTERNATIONAL P.O. BOX 10138 TALLAHASSEE, FL 32302 US		
2. Principal Place of Business 4723 PINTAIL DRIVE, TALLAHASSEE, FL 32317		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State TALLAHASSEE FLA		City & State		4. FEI Number 31-1468001	
Zip 32317		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EISNER, CRAIG 1713 TALPECO RD TALLAHASSEE, FL 32312			7. Name and Address of New Registered Agent Name: <u>Joe Sowinski, Joe</u> Street Address (P.O. Box Number is Not Acceptable): <u>4723 PINTAIL DRIVE</u> City: <u>Tallahassee</u> FL Zip Code: <u>32317</u>		
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: <u>Joe Sowinski</u> 2/6/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EISNER, CRAIG 1713 TALPECO RD TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALLAS, ALLEN 12100 SW 87TH COURT MIAMI, FL 33157 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUEL, WHEELER 2929 WOODSIDE DR. TALLAHASSEE, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWINSKI, JOE 4723 PINTAIL DR. TALLAHASSEE, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOWINSKI, JOE 4723 PINTAIL DR TALLAHASSEE, FL 32317 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, RAYFORD 317 N CALHOUN ST TALLAHASSEE, FL 32302 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYLON, RAYFORD 2837 COUNTRY HOUSE LANE BUFORD, GEORGIA 30519 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Joe Sowinski</u> <u>JOE Sowinski</u> 2/6/04 487-2402 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					