

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90103 031 ****61.25

DOCUMENT # N96000001194

1. Entity Name
**GAMMA RHO INTERNATIONAL EDUCATIONAL
FOUNDATION, INC.**



Principal Place of Business
**4723 PINTAIL DRIVE
TALLAHASSEE, FL 32317 US**

Mailing Address
**THETA CHI INTERNATIONAL
P.O. BOX 10138
TALLAHASSEE, FL 32302 US**



02222005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1468001

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SOWINSKI, JOE
4723 PINTAIL DRIVE
TALLAHASSEE, FL 32317**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	EIGNER, CRAIG
STREET ADDRESS	1740 TAPEPOLE RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	D
NAME	HALLAS, ALLEN
STREET ADDRESS	12100 SW 87TH COURT
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D
NAME	HUEL, WHEELER
STREET ADDRESS	2929 WOODSIDE DR.
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	D
NAME	SOWINSKI, JOE
STREET ADDRESS	4723 PINTAIL DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	D
NAME	TAYLOR, RAYFORD
STREET ADDRESS	2837 COUNTRY HOUSE LANE
CITY-ST-ZIP	BUFORD, GA 30519
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

4/2/05

Date

487-2402

Daytime Phone #