2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000001194

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

Principal Place of Business	Mailing Address
4723 PINTAIL DRIVE TALLAHASSEE, FL 32317 US	THETA CHI INTERNATIONAL P.O. BOX 10138 TALLAHASSEE, FL 32302 US

DO NOT WRITE IN THIS SPACE

03062006 No Chg-NP CR2E037 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HALLAS, ALLEN
STREET ADDRESS	12100 SW 87TH COURT
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	D
NAME	HUEL, WHEELER
STREET ADDRESS	2829 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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/23/06-80057-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Joe Sowinski JOE SOWINSKI 3/12/06 878-4568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #