2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005934

Entity Name: GAMMA ETA MANSION CORPORATION

FILED Feb 07, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
4834 BALLYGAR DR. TALLAHASSEE, FL 32309				3015 SHANNON LAKES DRIVE N. #304 TALLAHASSEE, FL 32309			
Current Mailing Address:				New Mailing Address:			
4834 BALLYGAR DR. TALLAHASSEE, FL 32309				3015 SHANNON LAKES DRIVE N. #304 TALLAHASSEE, FL 32309			
FEI Number: 59-3569843 FEI Number Applied For () FEI			FEI Nun	umber Not Applicable () Certificate of			s Desired ()
Name and	Address of Cu	ırrent Registered Agent:		Name and	Address of N	lew Registered A	lgent:
TALLAHAS	AGHAN DR. SEE, FL 3230 named entity su	3 US ubmits this statement for the pu	rpose o	f changing it	ts registered o	ffice or registered	agent, or both,
SIGNATUR	E:						
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VD ()[MURRAY, EDWA 1018 THOMASVI TALLAHASSEE,	LLE RD		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	PD () [YEARTY, JOHN / PO BOX 38448 TALLAHASSEE,			Title: Name: Address: City-St-Zip:	YEARTY, JOHN	N LAKES DRIVE N. #3	
Title: Name: Address: City-St-Zip:	SD (X) I RUFF, P. MICHA 2246 MONAGHA TALLAHASSEE,	N DR.		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	TD ()[MILLER, DEWIT 3636 DEXTER D TALLAHASSEE,	R.		Title: Name: Address: City-St-Zip:	TD (X) MILLER, DEWI' 1961 RAYMONI TALLAHASSEE	D DEIHL ROAD	
Title: Name: Address: City-St-Zip:	D () [CAMPBELL, CLA 2831 YARMOUTI TALLAHASSEE,	H CT.		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D ()[ERVIN, WILLIAM 2831 YARMOUTI TALLAHASSEE,	нст.		Title: Name: Address: City-St-Zip:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 02/07/2007