

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005934

FILED
Feb 03, 2009
Secretary of State

Entity Name: GAMMA ETA MANSION CORPORATION

Current Principal Place of Business:

3015 SHANNON LAKES DRIVE N. #304
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

3015 SHANNON LAKES DRIVE N. #304
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 59-3569843

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUFF, P. MICHAEL
2246 MONAGHAN DR.
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MURRAY, EDWARD
Address: 1018 THOMASVILLE RD
City-St-Zip: TALLAHASSEE, FL 32303

Title: PD () Delete
Name: YEARTY, JOHN A
Address: 3015 SHANNON LAKES DRIVE N. #304
City-St-Zip: TALLAHASSEE, FL 32315

Title: TD () Delete
Name: MILLER, DEWITT
Address: 1961 RAYMOND DEIHL ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: D (X) Delete
Name: CAMPBELL, CLAYTON
Address: 2831 YARMOUTH CT.
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

02/03/2009

Electronic Signature of Signing Officer or Director

Date