## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000051788

Address:

City-St-Zip:

2872 NE 25 CT

FT LAUDERDALE, FL 33305 US

Entity Name: GAMMA MU FRATERNITY, INC

FILED Mar 24, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1975 E SUNRISE BLVD SUITE 624 FT LAUDERDALE, FL 33304 US **New Mailing Address: Current Mailing Address:** 1975 E SUNRISE BLVD SUITE 624 FT LAUDERDALE, FL 33304 US FEI Number: 65-0630191 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PETTIT, CLIFF H 2872 NE 25 CT FT LAUDERDALE, FL 33305 US 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition PETTIT, CLIFF H Name: Name: 2872 NE 25 CT Address: Address: City-St-Zip: FT LAUDERDALE, FL 33305 US City-St-Zip: Title: VΡ Title: ( ) Delete (X) Change ( ) Addition CULLEN, MARK Name: Name: MATZA, CARNEY 2872 NE 25 CT 2872 NE 25 CT Address: Address: FT LAUDERDALE, FL 33305 US FT LAUDERDALE, FL 33305 US City-St-Zip: City-St-Zip: Title: ( ) Delete Title: () Change () Addition PETTIT, CLIFF H Name: Name: 2872 NE 25 CT Address: Address: City-St-Zip: FT LAUDERDALE, FL 33305 City-St-Zip: Title: ( ) Delete Title: () Change () Addition PETTIT, CLIFF H Name: Name:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: CLIFF H PETTIT P 03/24/2009