

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000000313

**Entity Name:** GAMMA GAMMA CHAPTER, INC.**Current Principal Place of Business:**710 SHERMAN AVENUE  
PANAMA CITY, FL 32401**Current Mailing Address:**P.O.BOX 37126  
PANAMA CITY, FL 32412 US**FEI Number: 59-3285284****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MARIA, MCCALISTER DARLENE  
514 DAVID AVE  
PANAMA CITY, FL 32404 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: MARIA D. MCCALISTER****04/12/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	TYSON, CHANDRA
Address	3636 AZEALIA CT
City-State-Zip:	PANAMA CITY FL 32405

Title	VP
Name	BROWN, OLA
Address	P.O. BOX 19381
City-State-Zip:	PANAMA CITY BEACH FL 32417

Title	T
Name	MCCALISTER, MARIA D
Address	514 DAVID AVENUE
City-State-Zip:	PANAMA CITY FL 32404

Title	FS
Name	GREEN-JONES, J DIA
Address	716 BAY AVE
City-State-Zip:	PANAMA CITY FL 32401

Title	S
Name	CAMPBELL, RUBY
Address	2000 W. 14TH STREET
City-State-Zip:	PANAMA CITY FL 32401

Title	D
Name	GOODIN, FRANCES
Address	1404 MISSISSIPPI AVE DR.
City-State-Zip:	LYNN HAVEN FL 32444

*I hereby 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 all other like empowered.*

**SIGNATURE: MARIA D. MCCALISTER****TREASURER****04/12/2024**

Electronic Signature of Signing Officer/Director Detail

Date