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Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 754179 (0)

1. Corporation Name
MELBOURNE ALUMNAE PANHELLENIC, INC.

Principal Place of Business	Mailing Address
630 E. NEW HAVEN AVE. P.O. BOX 1925 MELBOURNE FL 32902	630 E. NEW HAVEN AVE. P.O. BOX 1925 MELBOURNE FL 32902-1925

3. Date Incorporated or Qualified: **09/15/1980**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **23-7181881** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DAVIS, JUDY
851 PEREGINE DR
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent

81 Name: LINDA MITTS
82 Street Address (P.O. Box Number is Not Acceptable): 4113 SNOWY EGRET DR.
83:
84 City: MELBOURNE **FL** 85 Zip Code: 32904

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Jane R. Taylor, JANE R. TAYLOR, TREAS/Linda Mitts LINDA MITTS PRESIDENT 1-16-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, JANE		1.2 NAME	
STREET ADDRESS	2478 LAKES OF MELBOURNE DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MITTS, LINDA		2.2 NAME	
STREET ADDRESS	4113 SNOWY EGRET DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32904		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CHANEY, BETTY		3.2 NAME	
STREET ADDRESS	1505 N. A1A APT 402		3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL 32903		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CAITANEO, STEPHANIE		4.2 NAME	
STREET ADDRESS	131 SEAPORT BLVD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE FL 32920		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jane R Taylor, JANE R. TAYLOR 1-16-97 407-768-7910
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #