

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90065 007 ****61.25

DOCUMENT # 754179

1. Corporation Name

MELBOURNE ALUMNAE PANHELLENIC, INC.

Principal Place of Business
E. NEW HAVEN AVE.
FL 32902

Mailing Address
P.O. BOX 3342
MELBOURNE FL 32902-3342

91449-90065-79



Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	26	09/15/1980
City & State	27	4. FEI Number
Zip	28	23-7181881
Country	29	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
	30	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YOUNG, SALLY S
617 TORTOISE WAY
SATELLITE BCH FL 32937

81 Name KEMPSTER, LOIS
82 Street Address (P.O. Box Number is Not Acceptable)
1145N. SHANNON AVE #4
83
84 City INDIALANTIC FL 85 Zip Code 32903

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, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

LOIS KEMPSTER PRES. 1-8-99

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TD TAYLOR, JANE 2478 LAKES OF MELBOURNE DR MELBOURNE FL 32904	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
PD YOUNG, SALLY SUE 617 TORTOISE WAY SATELLITE BCH FL 32937	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☒ Change ☐ Addition
VD KEMPSTER, LOIS 1145 SHANNON AVE 14 INDIALANTIC FL 32903	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☒ Change ☐ Addition
S MCCORMICK, JEAN 704 TURNBERRY DR MELBOURNE FL 32940	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☒ Change ☐ Addition
	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

R. TAYLOR 1-8-99 407-768-7910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)