

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754179

1. Entity Name

MELBOURNE ALUMNAE PANHELLENIC, INC.

Principal Place of Business

Mailing Address

630 E. NEW HAVEN AVE.
MELBOURNE FL 32902

P.O. BOX 3342
MELBOURNE FL 32902-3342

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7181881

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANTHONY, ANN
4330 DEERWOOD TRAIL
INDIALANTIC FL 32903

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MC CLURE, CHARLOTTE W 1636 SUN GAZER DRIVE VIERA FL 32955	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	meccivure, Charlotte S.	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MC CORMICK, JEAN M 704 TURNBERRY DRIVE MELBOURNE FL 32940	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TUTTLE, KARLENE K 525 COCONUT DRIVE INDIALANTIC FL 32903	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Sunny Yager 612 Deerhurst Dr. Melbourne, FL 32940	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRAWFORD, KERRY M 1356 BONAVENTURE DRIVE MELBOURNE FL 32940	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Kendra Townsend 2519 Riverview Dr. Melbourne, FL 32901	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charlotte S. McClure Charlotte S. McClure 4/17/02 321-727-6503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90134 030 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)