

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90261 002 ****70.00

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1. Entity Name
MELBOURNE ALUMNAE PANHELLENIC, INC.



Principal Place of Business
630 E. NEW HAVEN AVE.
MELBOURNE, FL 32902

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

24058574



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04242004

Chg-NP

CR2E037 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME HEUSER, JAN
STREET ADDRESS 625 ANDRIX STREET
CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME DAVIS, JUDY
STREET ADDRESS 851 PEREGRINE DRIVE
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME YAGER, SUNNY
STREET ADDRESS 612 DEERHURST DR.
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE ☐ Change ☒ Addition
NAME SD
STREET ADDRESS mann, Beth
CITY-ST-ZIP 1218 Torrington St. SE
Palm Bay, FL 32909

TITLE TD ☐ Delete
NAME CRAWFORD, KERRY M
STREET ADDRESS 1356 BONAVENTURE DRIVE
CITY-ST-ZIP MELBOURNE, FL 32940

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME HONEYWILL, PAT
STREET ADDRESS 240 CORDOBA COURT
CITY-ST-ZIP MERRITT ISLAND, FL 32953

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: JAN HEUSER JAN HEUSER

4/24/04

821-453-4919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #