

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90158 042 ****61.25

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1. Entity Name

MELBOURNE ALUMNAE PANAHELLENIC, INC.



Principal Place of Business

**630 E. NEW HAVEN AVE.
MELBOURNE FL 32902**

Mailing Address

**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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**ANTHONY, ANN
4330 DEERWOOD TRAIL
INDIALANTIC FL 32903**

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25

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

TITLE **TD** ☒ Delete
NAME **MCCCIUR, CHARLOTTE S**
STREET ADDRESS **1636 SUN GAZER DRIVE**
CITY-ST-ZIP **VIERA FL 32955**

TITLE **SD** ☒ Delete
NAME **MC CORMICK, JEAN M**
STREET ADDRESS **704 TURNBERRY DRIVE**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **VD** ☐ Delete
NAME **YAGER, SUNNY**
STREET ADDRESS **612 DEERHURST DR.**
CITY-ST-ZIP **MELBOURNE FL 32940**

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

TITLE **SD** ☒ Delete
NAME **TOWNSEND, KENDRA**
STREET ADDRESS **2519 RIVERVIEW DR.**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
NAME **Jan Heuser**
STREET ADDRESS **625 Andrix St.**
CITY-ST-ZIP **Merritt Island, FL 32953**

TITLE **VD** ☐ Change ☒ Addition
NAME **Judy Davis**
STREET ADDRESS **851 Peregrine Drive**
CITY-ST-ZIP **Indialantic FL 32903**

TITLE **SD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Change ☒ Addition
NAME **Pat Honeywill**
STREET ADDRESS **240 Cordoba Court**
CITY-ST-ZIP **Merritt Island, FL 32953**

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:

Anthony Ann

4-18-03

CR2E037 (10/02)