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Mar 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N38577 (5)
1. Corporation Name

PANHELLENIC FEDERATION OF FLORIDA INC.



Principal Place of Business: 1700 DREW ST SUITE 6 CLEARWATER FL 94615-6209 US
Mailing Address: 13 BOOTH BLVD SAF. HARBOR FL 34695

3. Date Incorporated or Qualified: 08/12/1990
4. FEI Number: 59-3138537 Applied For: Not Applicable

2. Principal Place of Business (21-24) and Mailing Address (2a-24) details including Suite, Apt. #, etc., City & State, and Zip/Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANTON, MICK
13 BOOTH BLVD.
SAFETY HARBOR FL 34695

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

(NOTE: Registered Agent signature required when relating)

3-10-98 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include PD ANTON, NICK; TD BOUTZOUKAS, EMANUEL; ATD KOKOLAKIS, JOHN.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Includes handwritten signature and date 4/5/98, and identification number 600002463206.

14. 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.

SIGNATURE: [Signature] 3-10-98 (813) 197-4411

CR2E037 (10/97)