2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # N38577 02-02-2006 90041 039 ****70.00 PANHELLENIC FEDERATION OF FLORIDA INC. Mailing Address Principal Place of Business P.O. BOX 516 P.O. BOX 516 PALM HARBOR, FL 34682-0516 US PALM HARBOR, FL 34682-0516 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212006 Chg-NP CR2E037 (11/05) City & State Applied For City & State 4. FEI Number 59-3138537 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SERVOS, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 1020 SPRUCE DRIVE BELLEAIR BEACH, FL 83786 City 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, type or printed name of registered agent and little if applicable Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Due by May 1, 2006 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. NIKOLAOS REPOUSD STANDY Addition Delete TITLE TOLE SERVOS, MICHAEL 1415 JENNINGS DRI NAME 1020 SPRUCE DRIVE STREET ADDRESS STREET ADDRESS Holiday, FL 34690 BELLEAIR BEACH, FL 33786 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE SKORD, LIS KAY NAME STREET ADDRESS 217 ATHENS ST STREET ADDRESS TARPON SPRINGS, FL 34698 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE KOKOLAKIS, PEGGY NAME NAME 103 BUENA VISTA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-78P DUNEDIN, FL 34698 CITY-ST-ZIP TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TIT1 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 of 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 an other layer empowered.

FILED

Feb 02, 2006 8:00 am

Daytme Phone ●