2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # N38577 01-25-2007 90047 020 ****70.00 PANHELLENIC FEDERATION OF FLORIDA INC. Principal Place of Business Mailing Address 90000 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 - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152007 Cho-NP CR2E037 (12/06) 4. FEI Number 59-3138537 City & State City & State Applied For Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TOHN LALIOTIS MICHAEL Street Address O. Box Number Zip Code 8. The above named entity submits this statement for the purgose of changing its registered office or registered agent, or b the obligations gnegistered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Due by May 1, 2007 Trust Fund Contribution. Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Change ☐ Addition TITLE REPOUSIS, NIKOLAOS NAME NAME 1415 JENNINGS DR STREET ADDRESS STREET ADDRESS HOLIDAY, EL 34690 CITY-ST-ZIP CITY-ST-ZIP TATUE ☐ Delete TITLE ☐ Addition ☐ Change SKORD, LIS KAY NAME NAME 217 ATHENS ST STREET ADDRESS STREET ADDRESS TARPON SPRINGS, FL 34698 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition LALIOTIS, JOHN NAME NAME 460 E LEMON ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS, FL 34689 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Detete TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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 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 a lother like empowered.

HING OFFICER OR DIRECTOR

FILED

Jan 25, 2007 8:00 am