FILED Jun 19, 2002 8:00 am 2002 UNIFORM BUSINESS REPORT (UBR) Secretary of State **DOCUMENT # 707323** 05-28-2002 91704 030 ****61.25 1. Entity Name ST. PETERSBURG PANHELLENIC ASSOCIATION, INC. Mailing Address Principal Place of Business 6190 51ST SOUTH 6190 51ST SOUTH SAINT PETERSBURG FL 33715 SAINT PETERSBURG FL 33715 93884 2. Principal Place of Business 3. Mailing Address 2200 2200 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-0490067 Not Applicable reasure Count \$8.75 Additional 5. Certificate of Status Desired Fee Required ٠.: 70 C US A 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent grove MEYERS, NANCY M 6190 51ST STREET S SAINT PETERSBURG FL 33715 ure 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. SIGNATURE Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. President ☐ Addition Change Delete TITLE TITLE <u>8</u> Pat Lins YOUNG, MARY NAME NAME 4549 144 NAY NE STREET ADDRESS CR2E037 1449 52ND AVENUE NE STREET ADDRESS st. Petersburg, FL 33703 CITY-ST-ZIP Saint Petersburg FL 33703 CHTY-S7-7/P Vice-President Change ☐ Addition TITLE TITLE

□ Delete thloe Firebaugh FITTS, KERON NAME NAME 2062 Joush Ave N.E. STREET ADDRESS 1435 26TH AVENUE N STREET ADDRESS CITY-ST-ZIP St. Petersburg, FL 33703 CITY-ST-ZIP SAINT PETERSBURG FL 33704 Treasurer Change ☐ Addition ☐ Delete TITLE TITLE Majora Cosgrave MEYERS: NANCY NAME -NAME 12200 4件 STREET ADDRESS 6190 51ST STREET S STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33715 Treasure Island, FL 33706 TITLE Secretary Vicki Marino Change Addition ☐ Delete TITLE VIVERETTE, KATIE NAME MAME 1026 Meadowlawn Dr. 4651 1ST STREET NE #309B STREET ADDRESS STREET ADDRESS CITY-ST-7IP SAINT PETERSBURG FL 33703 CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

changed, or on an attachment with an address, with all other like empowered.