

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707323

FILED
Apr 11, 2008
Secretary of State

Entity Name: ST. PETERSBURG PANHELLENIC ASSOCIATION, INC.

Current Principal Place of Business:

4549 14TH WAY NE
SAINT PETERSBURG, FL 33703 US

New Principal Place of Business:

Current Mailing Address:

4549 14TH WAY NE
SAINT PETERSBURG, FL 33703 US

New Mailing Address:

FEI Number: 59-0490067 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINS, PATRICIA J
4549 14TH WAY NE
SAINT PETERSBURG, FL 33703 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEWAN, CAROL
Address: 1531 83RD AVE N
City-St-Zip: ST PETERSBURG, FL 33702

Title: VD () Delete
Name: TRUBY, SARAH
Address: 2631 68TH AVE S
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: TD () Delete
Name: LINS, PAT
Address: 4549 14TH WAY NE
City-St-Zip: SAINT PETERSBURG, FL 33706 US

Title: SD () Delete
Name: BARNES, CAROL
Address: 1101 79TH ST S
City-St-Zip: SAINT PETERSBURG, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: SANDSTROM, SHERRY
Address: 6465 99TH WAY N #17A
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAT LINS

TRE

04/11/2008

Electronic Signature of Signing Officer or Director

Date