2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# 754179

Entity Name: MELBOURNE ALUMNAE PANHELLENIC, INC.

Current Principal Place of Business:

630 E. NEW HAVEN AVE.
MELBOURNE, FL 32902

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3342
MELBOURNE, FL 329023342

New Mailing Address:

FEI Number: 23-7181881 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOSEPH, MARY J TREAS
240 LEE AVENUE
SATELLITE BEACH, FL 32937 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: KERSHAW, JANICE PRES
Address: 3667 CARRIAGE GATE DRIVE
City-St-Zip: MELBOURNE, FL 32904

Title: VD ( ) Delete
Name: WEST, BARBARA V-PRES
Address: 403 ROCKLEDGE DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: SD ( ) Delete
Name: MATTHEWS, CAROLYN SEC
Address: 3186 LONGWOOD BLVD
City-St-Zip: MELBOURNE, FL 32934

Title: TD ( ) Delete
Name: JOSEPH, MARY J TREAS
Address: 240 LEE AVENUE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D ( ) Delete
Name: MCCLURE, CHARLOTTE ASST TR
Address: 3960 WATERFORD DRIVE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GALEY, FRAN PRES
Address: 680 WOODBRIDGE DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: VD (X) Change ( ) Addition
Name: RESPESS, JANE V-PRES
Address: 691 LOGGERHEAD ISLAND DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: SD (X) Change ( ) Addition
Name: SHIREMAN WOOD, REBECCA SEC
Address: 1018 PARK DRIVE #4
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

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

Title: D (X) Change ( ) Addition
Name: JUNKUNC, KARREN ASST TR
Address: 319 ISLAND DRIVE
City-St-Zip: MELBOURNE BEACH, FL 32951

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: MARY JUNE JOSEPH TREA 05/01/2007
Electronic Signature of Signing Officer or Director — Date