

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754179

FILED
Feb 03, 2009
Secretary of State

Entity Name: MELBOURNE ALUMNAE PANTHELLENIC, INC.

Current Principal Place of Business:

240 LEE AVENUE
SATELLITE BEACH, FL 32937

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 ()

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: ELKINS, JANICE PRES
Address: 1220 SUGAR CREEK LANE
City-St-Zip: ROCKLEDGE, FL 32965

Title: VD () Delete
Name: HALL, MERIDITH V-PRES
Address: 725 SEDGEWOOD CIRCLE
City-St-Zip: WEST MELBOURNE, FL 32904

Title: SD () Delete
Name: SHIREMAN WOOD, REBECCA COR SEC
Address: 2412 JOSHUA DRIVE
City-St-Zip: PALM BAY, FL 32905

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

Title: SD () Delete
Name: HUGHES, CARLA REC SEC
Address: 501 LATANIA PALM DRIVE
City-St-Zip: INDIALANTIC, FL 32903

Title: D () Delete
Name: HART, LAURI ASST TR
Address: 1831 HIGHWAY A1A #3206
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: SHIREMAN WOOD, REBECCA COR SEC
Address: 2037 GLORIA CIRCLE NE
City-St-Zip: PALM BAY, FL 32905

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

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: MARYJUNE JOSEPH

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02/03/2009

Electronic Signature of Signing Officer or Director

Date