


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 21, 2006 8:00 am**  
**Secretary of State**

08-21-2006 90001 022 \*\*\*\*61.25

DOCUMENT # N02000001844			
<b>1. Entity Name</b> NATIONAL PAN-HELLENIC COUNCIL, INC.			
<b>Principal Place of Business</b> INDIANA UNIVERSITY - EIGENMANN CENTER 635 1900 EAST 10 STREET BLOOMINGTON, IN 47406		<b>Mailing Address</b> INDIANA UNIVERSITY - EIGENMANN CENTER 635 1900 EAST 10 STREET BLOOMINGTON, IN 47406	
<b>2. Principal Place of Business</b> 3951 Drapfing Parkway Suite, Apt. #, etc. Suite 218 City & State Decatur, GA Zip 30035 Country USA		<b>3. Mailing Address</b> 3951 Drapfing Parkway Suite, Apt. #, etc. Suite 218 City & State Decatur, GA Zip 30035 Country USA	
<b>4. FEI Number</b> 52-1730952		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> BOWIE, MICHAEL V 100 NORMAN HALL P O BOX 117045 GAINESVILLE, FL 32611-7045		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE PRES NAME BOWIE, MICHAEL V STREET ADDRESS G415 NORMAN HALL PO BOX 1107045 CITY-ST-ZIP GAINESVILLE, FL 326117045	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME JONES, JENNIFER STREET ADDRESS SMJ BOX 0355 CITY-ST-ZIP DALLAS, TX 75275	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME ZACHERY, SHIRLEY STREET ADDRESS 902 WEST RIDGE DR CITY-ST-ZIP DUNCANVILLE, TX 75116	<input checked="" type="checkbox"/> Delete	TITLE VP NAME Cariss Foster STREET ADDRESS P.O. Box 994 CITY-ST-ZIP Birmingham, AL 35201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME JONES, DONNA STREET ADDRESS 777 W GERMANTOWN PIKE, APT 910 CITY-ST-ZIP PLYMOUTH MEETING, PA 19462	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TREA NAME POOLE, JON STREET ADDRESS 214 FIFTH AVE STE H204 CITY-ST-ZIP NEW YORK, NY 1000-7604	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE IPP NAME BLACK, CASSANDRA STREET ADDRESS PO BOX 224404 CITY-ST-ZIP DALLAS, TX 752224404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify 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 all other like empowered.</b>			
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		8-8-06 Date	212-592-9058 Daytime Phone #

50025630



08082006 Chg-NP CR2E037 (4/06)