

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001844

FILED
Apr 22, 2009
Secretary of State

Entity Name: NATIONAL PAN-HELLENIC COUNCIL, INC.

Current Principal Place of Business:

3951 SNAPPFINGER PKWY
SUITE 218
DECATUR, GA 30035

New Principal Place of Business:

Current Mailing Address:

3951 SNAPPFINGER PKWY
SUITE 218
DECATUR, GA 30035

New Mailing Address:

FEI Number: 52-1730952 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWIE, MICHAEL V
4449 SW 21ST LANE
GAINESVILLE, FL 32607 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: PRES () Delete
Name: JONES, JENNIFER M
Address: SMU BOX 0355
City-St-Zip: DALLAS, TX 75275

Title: VP () Delete
Name: SMITH, ROBERT C
Address: PO BOX 664
City-St-Zip: BALTIMORE, MD 211330664

Title: VP () Delete
Name: ROSE, MARQUISE L
Address: 918 HOUSTON HEIGHTS ROAD
City-St-Zip: CHARLOTTE, NC 28262

Title: SD () Delete
Name: DAUGHERTY, W. JEANNINE
Address: PO BOX 6214
City-St-Zip: CHICAGO, IL 60680

Title: TREA () Delete
Name: YOUNG, FRANCINE P
Address: PO BOX 25358
City-St-Zip: RICHMOND, VA 232605358

Title: IPP () Delete
Name: BOWIE, MICHAEL V
Address: 4449 SW 21ST LANE
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: EXDI (X) Change () Addition
Name: BURKS, BEVERLY H
Address: 813 MOUNTBURY CT
City-St-Zip: CLARKSTON, GA 30023

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: JENNIFER M. JONES

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date