


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90018 049 ****61.25

DOCUMENT # N03000006325	
1. Entity Name SOUTHERN REGION, NATIONAL PAN-HELLENIC COUNCIL, INC.	

Principal Place of Business 14741 PIERCE STREET MIAMI, FL 33176	Mailing Address 14741 PIERCE STREET MIAMI, FL 33176
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2. Principal Place of Business - No P.O. Box # 3925 Fieldcrest Rd. Suite, Apt. #, etc.	3. Mailing Address 3925 Fieldcrest Rd. Suite, Apt. #, etc.
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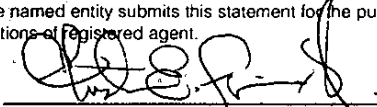
City & State Charlotte, NC	City & State Charlotte, NC
Zip 28217-1418	Country USA



02132007 Chg-NP CR2E037 (12/06)

4. FEI Number 81-0585115		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent KNOWLES, MALACHI 14741 PIERCE STREET MIAMI, FL 33176		7. Name and Address of New Registered Agent Name Chester E. Fair, Jr. Street Address (P.O. Box Number is Not Acceptable) 14741 Pierce Street City Miami FL Zip Code 33176-7527

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.

SIGNATURE  **Chester E. Fair, Jr.** 2/13/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAIR, CHESTER E JR 14741 PIERCE ST MIAMI, FL 33176 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rufus D. Spears 3925 Fieldcrest Rd. Charlotte, NC 28217-1418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEARS, RUFUS D 3925 FIELDCREST ROAD CHARLOTTE, NC 28217 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Beverly Burks 813 Mountbury Ct. Clarkston, GA 30021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDEN, MAURICE 701 W. MONROE STREET SALISBURY, NC 28144 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jay Davis P.O. Box 864495 TUSCALOOSA, AL 35486 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KELLY, XORICA L 650 OLD FANNIN ROAD APT Q3 FLOWOOD, MS 39232 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jenean Davis 5219 BUENA VISTA PIKE NASHVILLE, TN 37218 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Ion Outterbridge 642 Bayberry Lane Winterville, NC 28590 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:  **Rufus D. Spears** 704-525-3025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #