

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000001174

FILED
Oct 18, 2009
Secretary of State

Entity Name: PAN-HELLENIC SOCIETY OF OCALA, INC.

Current Principal Place of Business:

2560 S.W. 87TH PLACE
OCALA, FL 34476

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5871
OCALA, FL 34478

New Mailing Address:

FEI Number: 58-2683188 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

RUCKER, DEMETRA
38 HEMLOCK PASS
OCALA, FL 34472 US

Name and Address of New Registered Agent:

SPANGLER, CAROL
3530 S. PINE AVENUE
OCALA, FL 34471 US

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: CAROL SPANGLER

10/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHRYSTIE, KATHY
Address: 5381 SW 33RD STREET
City-St-Zip: OCALA, FL 34474

Title: VP () Delete
Name: PANTAZIS, ELLEN
Address: 2240 SE 5TH STREET
City-St-Zip: OCALA, FL 34471

Title: S () Delete
Name: ARVANITIS, LINDA
Address: 10220 SE 41ST AVENUE
City-St-Zip: BELLEVIEW, FL 34420

Title: T () Delete
Name: RUCKER, DEMETRA
Address: 38 HEMLOCK PASS
City-St-Zip: OCALA, FL 34472

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CAROL, SPANGLER
Address: 3530 S. PINE AVENUE
City-St-Zip: OCALA, FL 34471

Title: VP (X) Change () Addition
Name: ARVANITIS, LINDA
Address: 10220 SE 41ST TERRACE
City-St-Zip: BELLEVIEW, FL 34420

Title: S (X) Change () Addition
Name: PANTAZIS, FRAN
Address: 17831 SE 125TH CIRCLE
City-St-Zip: SUMMERFIELD, FL 34491

Title: T (X) Change () Addition
Name: STOUKIDES, HELEN
Address: 4719 N LENA DRIVE
City-St-Zip: BEVERLY HILLS, FL 34465

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: CAROL SPANGLER

PRES

10/18/2009

Electronic Signature of Signing Officer or Director

Date