

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jul 20, 2007**  
**Secretary of State**

DOCUMENT# N04000003115

**Entity Name:** PHI NU KAPPA SORORITY, INC**Current Principal Place of Business:**1700 N MONROE STREET SUITE 11 PMB117  
TALLAHASSEE, FL 32303**New Principal Place of Business:**8859 OLD KINGS ROAD SOUTH  
APT. #114  
JACKSONVILLE, FL 32257**Current Mailing Address:**108 FORRISTER ST  
COLUMBIA, SC 29223**New Mailing Address:**PO BOX 291802  
COLUMBIA, SC 29229**FEI Number:** 51-0639392**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BENJAMIN, D SEAN  
1400 DISSTON ST  
TALLAHASSEE, FL 32310 US**Name and Address of New Registered Agent:**BENJAMIN, D SEAN  
8859 OLD KINGS ROAD SOUTH  
JACKSONVILLE, FL 32257 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: \_\_\_\_\_

07/20/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** SB ( ) Delete  
**Name:** COLEY, AJA  
**Address:** 1024 MIMOSA DRIVE  
**City-St-Zip:** MACON, GA 31204**Title:** GVP ( ) Delete  
**Name:** TIRRELL, SEAN R  
**Address:** 108 FORRISTER ST  
**City-St-Zip:** COLUMBIA, SC 29223**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** NED (X) Change ( ) Addition  
**Name:** WALKER, SHENYCA J  
**Address:** 1207 CROSSINGS PLACE  
**City-St-Zip:** GRIFFIN, GA 30223**Title:** TREA ( ) Change (X) Addition  
**Name:** FAIR, KIMICHIA M  
**Address:** 1331 WAVERLY PLACE DR.  
**City-St-Zip:** COLUMBIA, SC 29229

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: SHENYCA J. WALKER

NED

07/20/2007

Electronic Signature of Signing Officer or Director

Date