2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003115

FAIR, KIMICHIA M

1331 WAVERLY PLACE DR.

COLUMBIA, SC 29229

Name:

Address:

City-St-Zip:

FILED Mar 11, 2008 Secretary of State

Entity Name: PHI NU KAPPA SORORITY, INC **Current Principal Place of Business: New Principal Place of Business:** 8859 OLD KINGS ROAD SOUTH APT. #114 JACKSONVILLE, FL 32257 **New Mailing Address: Current 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: Name and Address of New Registered Agent: BENJAMIN, D SEAN 8859 OLD KINGS ROAD SOUTH JACKSONVILLE, FL 32257 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete COLEY, AJA Name: Name: Address: 1024 MIMOSA DRIVE Address: City-St-Zip: MACON, GA 31204 City-St-Zip: Title: NED () Delete Title: () Change () Addition Name: WALKER, SHENYCA J Name: Address: 1207 CROSSINGS PLACE Address: City-St-Zip: GRIFFIN, GA 30223 City-St-Zip: Title: TREA () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: KIMICHIA FAIR MS 03/11/2008