

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003115

FILED
Feb 09, 2009
Secretary of State

Entity Name: PHI NU KAPPA SORORITY, INC

Current Principal Place of Business:

8859 OLD KINGS ROAD SOUTH
APT. #114
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

PO BOX 291802
COLUMBIA, SC 29229

New Mailing Address:

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
8859 OLD KINGS ROAD SOUTH
JACKSONVILLE, FL 32257 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: SB () Delete
Name: COLEY, AJA
Address: 1024 MIMOSA DRIVE
City-St-Zip: MACON, GA 31204

Title: NED () Delete
Name: WALKER, SHENYCA J
Address: 1207 CROSSINGS PLACE
City-St-Zip: GRIFFIN, GA 30223

Title: TREA () Delete
Name: FAIR, KIMICHIA M
Address: 1331 WAVERLY PLACE DR.
City-St-Zip: COLUMBIA, SC 29229

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: KIMICHIA FAIR

TRE

02/09/2009

Electronic Signature of Signing Officer or Director

Date