2008 NOT-FOR-PROFIT CORPORATION

Apr 21, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # N04000010661 04-21-2008 90071 022 ****61.25 STUART AREA ALUMNAE PANHELLENIC ASSOC, INC. Principal Place of Business Mailing Address 984 S.E. WILLOUGHBY TRACE 984 S.E. WILLOUGHBY TRACE STUART, FL 34997 STUART, FL 34997 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172008 Cha-NP CR2E037 (12/06) City & State City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable Zin Country Country \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAY, JUDY 984 S.E. WILLOUGHBY TRACE Street Address (P.O. Box Number is Not Acceptable) **STUART, FL 34997** City Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eigheture required when reinstating) Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee Is \$61.25 Florida Department of State Due by May 1, 2008 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE (V) Delete TITLE President Change MacDonald, Jill 1503 Button bush Circle CHASE, A.J. NAME NAME STREET ADDRESS 4067 S.E. BARCELONA ST. STREET ADDRESS CITY-ST-ZIP STUART, FL 34997 CITY-ST-ZIP Palm City, Fl. 34990 VD HTE Delete TITLE Change Change ☐ Addition V. Pres. Lunsford, Jo 3312 S.E. cambridge Dr. Stuart, Fl. 34997 WHITEMAN, LAURA NAME NAME STREET ADDRESS 5094 S.E. INKWOOD WAY STREET ADDRESS HOBE SOUND, FL 33455 CETY-ST-ZIP C11Y-51-7IP SD TITLE TITLE Delete (X) Change ☐ Addition Dorothy Miller 3404 s.E. Inlet Harbor Tr. NAME MACDONALD, JILL 1503 BUTTONBUSH CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM CITY, FL 34990 CITY-ST-7IP Stuart, Fl. 34996 VD TITLE TITLE Delete ☐ Change ☐ Addition LUNSFORD, JO NAME NAME STREET ADDRESS 3312 S.E. CAMBRIDGE DR. STREET ADDRESS CITY-ST-ZIP STUART, FL 34987 C/TY-ST-ZIP Delete TTLE Treas ☐ Change ☐ Addition LAY, JUDY NAME NAME > Judy Ley STREET ADDRESS 984 SE WILLOUGHBY TRACE same STREET ADDRESS CITY-ST-ZIP STUART, FL 34997 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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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 AND TYPED O	R PRINTED HAME OF SIGN	ING OFFICER OR DIRECTOR	Date	Daytime Phone #
SIGNATURE:	Judy	Lay		4-17-08	(172)692-2919