FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N33411** **(2)**

1. Corporation Name
STUART AREA PANHELLENIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1509 SE LARK BLVD STUART FL 34996	1509 SE LARK BLVD STUART FL 34996

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/24/1989**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0136441** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MCADAMS, DIANE
1509 SE LARK BLVD
STUART FL 34996

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/D ☒ Change ☐ Addition
NAME	BONSACK, CHARLOTTE	1.2 NAME	Butcher, Jeanette
STREET ADDRESS	9950 S OCEAN DR	1.3 STREET ADDRESS	1716 N. Fork Road
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	Stuart, FL 34994
TITLE	VD	2.1 TITLE	V/D ☒ Change ☐ Addition
NAME	COON, ANNA-MARIE	2.2 NAME	Napp, Audrey
STREET ADDRESS	P O BOX 1865 N/A	2.3 STREET ADDRESS	2400 S. Ocean Drive, #6412
CITY-ST-ZIP	PALM CITY FL	2.4 CITY-ST-ZIP	Ft. Pierce, FL 34949
TITLE	TD	3.1 TITLE	T/D ☒ Change ☐ Addition
NAME	STOCKS, DONNA	3.2 NAME	Schiller, Suzanne
STREET ADDRESS	2286 SW PARKRIDGE PL	3.3 STREET ADDRESS	34 W. High Point Road
CITY-ST-ZIP	PALM CITY FL	3.4 CITY-ST-ZIP	Stuart, FL 34996
TITLE	SD	4.1 TITLE	S/D ☒ Change ☐ Addition
NAME	MEYERS, PAT	4.2 NAME	Leidy, Janice
STREET ADDRESS	6997 PACIFIC DR	4.3 STREET ADDRESS	2600 S.E. Ocean Blvd., CC-15
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	Stuart, FL 34996
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	NORTON, MARTHA	5.2 NAME	Noser, Deanna
STREET ADDRESS	1033 TERRACE ROAD	5.3 STREET ADDRESS	663 S.W. 35th Street, #1
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	Palm City, FL 34990
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Suzanne Schiller April 21, 1995 (407) 287-2509
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — (Daytime Phone #)
Suzanne Schiller

0021070