## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

N33411 **DOCUMENT** #

(2)

STUART AREA PANHELLENIC ASSOCIATION, INC.

STUART	AREA PANHELLENIC ASS						
Principal Place o	f Business	Mailing Address				1	
1509 SE LARK BLVD STUART FL 34996  1509 SE LARK BLVD STUART FL 34996			ID.				
						3. Date Incorporated or Qualified 07/24/1989	3a. Date of Last Report 04/27/1995
2. Principal Plac	ce of Business	2a. Mailing Address				4. FEI Number 65-0136441	Applied For Not Applicable
21		26				00 0 10044 1	\$8.75 Additional
Suite, Apt. #,	, etc.	Suite, Apt. #, etc.				<ol><li>Certificate of Status Desired</li></ol>	Fee Required
22		27				6. Election Campaign Financing	\$5.00 May Be
City & State		City & State				Trust Fund Contribution	Added to Fees
23	Country	Zio	Zio Country		8. This corporation has liability for intangible tax under s. 199.032,		
	Zip Country		29 30		Florida Statutes Yes <b>k</b> No		Yes 🗶 No
24	9. Name and Address of Curren					10. Name and Address of New R	egistered Agent
	5. (44.110-41.2)			81	Name		
MCADAMS, DIANE					Street Add	dress (P.O. Box Number is Not Acceptab	yle)
1509 SE LARK BLVD							
STUART FL 34996				83			
Oldvill i E oldon				84	City		FL 85 Zip Code
						A shoom	same of abancing its registered office
11. Pursuant to	o the provisions of Sections 617.0502	2 and 617.1508, Florida S	tatutes, the	above-	named corp noration's bo	oration submits this statement for the pu pard of directors. I hereby accept the app	cintment as registered agent. I am
or registere	ed agent, or both, in the State of Fiori h, and accept the obligations of, Sec	tion 617,0503, Florida Sta	itutes	1.10 00.1			
						Les udon roinet stron	DATE
SIGNATORIC	Signature, typed or printed name of registered agen	t and title if applicable	(NOTE: Reg	istered Age 13.	nt signature requ	ireo when reinstahng: ADDITIONS/CHANGES TO OFF	FICERS AND DIRECTORS IN 12
12.		ID DIRECTORS	:	1.1 TITLE		P/D	Change Addition
TITLE	PD SEANETTE		<del></del> .			Lonnie Kirsch	
NAME	BUTCHER, JEANETTE			1.2 NAME	3324 SW Berry Avenue		venue
STREET ADDRESS	1716 N FORK RD			1.4 CiTY-ST-ZiP		Palm City, FL	
CITY-ST-ZIP	STUART FL VD	DELETE				V/D	★ Change Addition
TITLE	NAPP, AUDREY	<b>_</b>		2.2 NAME		Tracey Miller	
NAME		NAPP, AUDICI 2400 S OCEAN DR #6412		23 STREET ADDRESS		2286 SW Olympic	Club Terrace
STREET ADDRESS	FT PIERCE FL	VIII		2 4 CITY - ST - ZIP		Palm City, FL	
CITY-ST-ZIP TITLE	TO	DELETE		31 TITLE		raim Crey, ru	☐ Change ☐ Addition
NAME	SCHILLER, SUZANNE			3 2 NAME			
STREET ADDRESS	34 W HIGH POINT RD			3.3 STRE	ET ADDRESS		
CITY-ST-ZIP	STUART FL			3 4 CITY	-ST-ZIP		Change Addition
TITLE	SD	DELET	E	4.1 TITLE			El cualda El voduion
NAME	LEIDY, JANICE			4 2 NAM	1		
STREET ADDRESS	2600 SE OCEAN BLVD #CI	D <b>15</b>			ET ADDRESS		
CITY-ST-ZIP	STUART FL				-ST-ZIP		Change Addition
TITLE	D	DELET	Γ <del>Ε</del>	5 1 TUTLE	.		

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)(k), 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

5.2 NAME

61 TITLE

6.2 NAME

5.3 STREET ADDRESS

6 3 STREET ADDRESS

54 CITY -ST-ZIP

SIGNATURE:

NOSER, DEANNA

663 SW 35 ST #1

PALM CITY FL

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

Obsil 11,1996 (407) 287-2509

Addition

Change