

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000004098

**FILED  
Mar 11, 2018  
Secretary of State  
CC0238824931**

**Entity Name:** TALLAHASSEE ALUMNAE CHAPTER OF DELTA SIGMA THETA SORORITY, INC.

**Current Principal Place of Business:**

WAL-MART PHARMACY-1408  
4400 W. TENNESSEE ST  
TALLAHASSEE, FL 32304

**Current Mailing Address:**

P.O. BOX 5949  
TALLAHASSEE, FL 32314

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MCMILLAN, ALICIA  
WAL-MART PHARMACY-1408  
4400 W. TENNESSEE ST  
TALLAHASSEE, FL 32304 US

*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: ALICIA MCMILLAN

03/11/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name HENDERSON, MARILYN  
Address P.O. BOX 5949  
City-State-Zip: TALLAHASSEE FL 32314

Title VP  
Name BATTLE-JONES, FELECIA  
Address P.O. BOX 5949  
City-State-Zip: TALLAHASSEE FL 32314

Title TR  
Name BURKES, LACODIA  
Address P.O. BOX 5949  
City-State-Zip: TALLAHASSEE FL 32314

*I hereby 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 all other like empowered.*

SIGNATURE: LACODIA BURKES

TREASURER

03/11/2018

Electronic Signature of Signing Officer/Director Detail

Date