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: RACHEL MUMFORD TREASURER 04/30/2019

Electronic Signature of Signing Officer/Director Detail

SORORITY INC Current Principal Place of Business:

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: PI DELTA OMEGA CHAPTER OF ALPHA KAPPA ALPHA

15626 SW 111 TERRACE MIAMI, FL 33196

Current Mailing Address:

DOCUMENT# N18000003186

15626 SW 111 TERRACE MIAMI, FL 33196 US

FEI Number: 36-3427128

Name and Address of Current Registered Agent:

MUMFORD, RACHEL 350 S MIAMI AVE, #2206 MIAMI, FL 33130 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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Officer/Director Detail :			
Title	PRES	Title	т
Name	WALTERS-POPE, ANN E	Name	MUMFORD, RACHEL
Address	15626 SW 111 TERRACE	Address	350 S MIAMI AVENUE #2206
City-State-Zip:	MIAMI FL 33196	City-State-Zip:	MIAMI FL 33130
Title	S	Title	VP
Name	ADGER, ROCHELLE	Name	COOPER, BONITA
Address	15700 SW 153 COURT	Address	861 NW 213 TERRACE #101
City-State-Zip:	MIAMI FL 33187	City-State-Zip:	MIAMI FL 33169
Title	S		
Name	FAHIE, LYNETTE		
Address	13828 SW 156 AVENUE		
City-State-Zip:	MIAMI FL 33196		

FILED Apr 30, 2019 Secretary of State 1961012424CC

Date

Certificate of Status Desired: No

Date