NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000006309



DIVISION OF CORESTATE

1. Entity Name Omicron Epsilon Pi Sorority, Incorporated				03 MAR 24 PM 1: 46				
	DO NOT WRITE	PACE	Annual Agency (Agency Agency A					
Principal Place of Business P.O Box 2464		3. Mailing Address P.O. Box 2464						
State, Apt. #, etc. Suite, Ap		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State Tallahassee, Florida		City & State Tallahassee, Florida		4. FEI Number			Applied For Not Applicable	
Zip Country 32316 USA		^{Zip} 32316	Country USA	5. Certificate of Status Desired \$8.75 Additional Fee Required				
7. Name and Address of Current Registered Agent Name Dakicha Michallo Cocc								
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					Not Acceptable)			
IN THIS SPACE 6036 Gre				non Lane				
			City Tallaha	ssee	FL	Zip Co		
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 LASKIR N. Sym					03-24-03			
Signature, typed or printed nems of registered agent and the Herrit Cacle. (NOTE: Registered Agent signature regulard whiten new stating) DATE:								
FEE IS \$61(25) Initial or Amended UBR Trust Fund Contribution.				\$5,00 May Be Added to Fees	Make Check Florida Departr			
10.	OFFICERS AND DIF	ECTORS	TIME SOLD SAFETY AND SOLD STATES	also to the state of the state	The same of the sa	inte Marie	Land Charles and Sec.	
NAI/E	Executive Director Lakisha Goss	NAME.		es victorial established				
STREET ADDRESS CITY+ST-ZIP	P.O. Box 2464 Tallahassee		STREET ALURESS CITY-ST-ZIP	13/24)0001,455 /03010770) <u>1</u>	**[02.00]	
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	certify that the information supplied with	this filling does not qualify for	right of two Striphers and are 14-50	ection 119.07(3)(i), Flo	rida Statutes. I further certif	v that the	e information	

of the corporation or the receiver or trustee and occurred and that my signature shall have the same legal effect as if made under oath; that I enformation 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

03-24-03

850-847-7640