

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

DOCUMENT # N00000006309

1. Entity Name

Omicron Epsilon Pi Sorority, Incorporated



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 24 PM 1:46

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
P.O. Box 2464

Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 2464

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
32316

Country
USA

Zip
32316

Country
USA

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Lakisha Michelle Goss

Street Address (P.O. Box Number is Not Acceptable)

6036 Greenon Lane

City Tallahassee

FL

Zip Code
32304

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

Lakisha M. Goss

Signature, typed or printed name of registered agent and must be dated.

(NOTE: Registered Agent signature required when re-statuting)

03-24-03

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Executive Director
Lakisha Goss
P.O. Box 2464 Tallahassee, Florida 32316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President - Director
Danielle Guess
P.O. Box 2464 Tallahassee, Florida 32316

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President - Assistant Director
Jeronica Byrd
P.O. Box 2464 Tallahassee, Florida 32316

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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03/24/03-01077-001 **\$2.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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:

Lakisha M. Goss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-24-03

850-847-7640

Date

Daytime Phone #

CR2E037B (12/02)