2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: MIAMI ALUMNAE CHAPTER OF DELTA SIGMA THETA SORORITY INC.

Current Principal Place of Business:

8896 N.W.189 TERR
MIAMI, FL 33018

New Principal Place of Business:

Current Mailing Address:

PO BOX 680726
MIAMI, FL 331680726 US

New Mailing Address:

FEI Number: 59-6209598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCWHORTER-JONES, SHIRLYON J
8896 N.W.189 TERR
MIAMI, FL 33018 US

Name and Address of New Registered Agent:

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 — Date

OFFICERS AND DIRECTORS:

Title: P
Name: MCWHORTER-JONES, SHIRLYON J
Address: PO BOX 680726
City-St-Zip: MIAMI, FL 331680726

Title: 1VP
Name: WILLIAMS-DAWSON, KAY
Address: PO BOX 680726
City-St-Zip: MIAMI, FL 331680726

Title: 2VP
Name: EVANS, GLORIA
Address: PO BOX 680726
City-St-Zip: MIAMI, FL 331680726

Title: RS
Name: GIVENS, KEIETTA
Address: PO BOX 680726
City-St-Zip: MIAMI, FL 331680726

Title: T
Name: NORWOOD, SHERRILYN
Address: PO BOX 680726
City-St-Zip: MIAMI, FL 331680726

Title: FS
Name: BRYANT, BRENDA
Address: PO BOX 680726
City-St-Zip: MIAMI, FL 331680726

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHERRILYN NORWOOD TREA 02/06/2012

Electronic Signature of Signing Officer or Director — Date