2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009386

Entity Name: CHI OMEGA SOCIAL ACTION AND SCHOLARSHIP

FOUNDATION, INC.

Current Principal Place of Business:

1700 N. MONROE STREET, SUITE 11-125

TALLAHASSEE, FL 32303

Current Mailing Address:

P. O. BOX 6252

TALLAHASSEE, FL 32314 US

FEI Number: 26-1826994 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

O'NEAL, CHRIS 1700 N. MONROE STREET, SUITE 11-125 TALLAHASSEE, FL 32303 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: CHRIS O'NEAL 03/23/2021

> Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title Title S

Name MATTHEWS, JAVAUGHN L Name THOMAS, ANTHONY

Address 4910 N MONROE ST Address 280 N. CHARLES WILLIS DR.

> APT E203 City-State-Zip: MIDWAY FL 32343

City-State-Zip: TALLAHASSEE FL 32303

Title VC Title DIRECTOR

MADDOX, NICK Name CRAWFORD, CEDRIC Name

Address 1464 OX BOTTOM ROAD Address 1701 RODEO DRIVE City-State-Zip: TALLAHASSEE FL 32312

City-State-Zip: TALLAHASSEE FL 32311 Title

Title **CHAIRMAN** Name

JACKSON, EDGAR N VANN. WILLIE Name Address P.O. BOX 7589

Address 3336 HARBOR DRIVE CLUB City-State-Zip: TALLAHASSEE FL 32314

City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR

Name BROWN, CRAIG

2344 HANSEN LANE Address

UNIT 2

City-State-Zip: TALLAHASSEE FL 32301

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: JAVAUGHN L MATTHEWS

03/23/2021 Т

Electronic Signature of Signing Officer/Director Detail

Date

FILED Mar 23, 2021

Secretary of State

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