

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000004791

**Entity Name:** KAPPA EPSILON PSI MILITARY SORORITY, INC.**Current Principal Place of Business:**950 SW 88TH AVE  
PEMBROKE PINES, FL 33025**Current Mailing Address:**3951 SNAPPFINGER PWY  
SUITE 425  
DECATUR, GA 30035 US**FEI Number:** 45-4769863**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HILL, YASHICA  
950 SW 88TH AVE  
PEMBROKE PINES, FL 33025 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

Date

**Officer/Director Detail :**

Title INTERNATIONAL VICE PRESIDENT  
Name JACKSON, LENORE  
Address 3951 SNAPPFINGER PWY  
SUITE 425  
City-State-Zip: DECATUR GA 30035

Title INTERNATIONAL SECRETARY  
Name EWERS, TONYA  
Address 3951 SNAPPFINGER PWY  
SUITE 425  
City-State-Zip: DECATUR GA 30035

Title INTERNATIONAL MEMBERSHIP  
COORDINATOR  
Name NORRIS, MARILYN  
Address 3951 SNAPPFINGER PWY  
SUITE 425  
City-State-Zip: DECATUR GA 30035

Title INTERNATIONAL TREASURER  
Name REEDE, MARY  
Address 3951 SNAPPFINGER PWY  
SUITE 425  
City-State-Zip: DECATUR GA 30035

Title INTERNATIONAL CHAPLAIN  
Name FOULKS, VANESSA  
Address 3951 SNAPPFINGER PWY  
SUITE 425  
City-State-Zip: DECATUR GA 30035

Title INTERNATIONAL WEBMASTER  
Name MITCHELL RAMIREZ, NICOLE  
Address 3951 SNAPPFINGER PWY  
SUITE 425  
City-State-Zip: DECATUR GA 30035

Title INTERNATIONAL HISTORIAN  
Name TIERRA, THOMAS  
Address 3951 SNAPPFINGER PWY  
SUITE 425  
City-State-Zip: DECATUR GA 30035

Title P  
Name DONALD, TAMEEKA  
Address 3951 SNAPPFINGER PWY  
SUITE 425  
City-State-Zip: DECATUR GA 30035

**Continues on page 2**

*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:** MARY C REEDEINTERNATIONAL  
TREASURER

02/27/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title V  
Name JACKSON, LENORE  
Address 3951 SNAPPFINGER PWY  
SUITE 425  
City-State-Zip: DECATUR GA 30035

Title T  
Name REEDE, MARY  
Address 3951 SNAPPFINGER PWY  
SUITE 425  
City-State-Zip: DECATUR GA 30035

Title DS  
Name HARRIS, VANESSA  
Address 3951 SNAPPFINGER PWY  
SUITE 425  
City-State-Zip: DECATUR GA 30035

Title DV  
Name SMITH, MONEKA  
Address 3951 SNAPPFINGER PWY  
SUITE 425  
City-State-Zip: DECATUR GA 30035