

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004791

Entity Name: KAPPA EPSILON PSI MILITARY SORORITY, INC.**Current Principal Place of Business:**3951 SNAPPFINGER PKWY
425
DECATUR, GA 30035**Current Mailing Address:**3951 SNAPPFINGER PWY
SUITE 425
DECATUR, GA 30035 US**FEI Number:** 45-4769863**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAPITOL CORPORATE SERVICES, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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:** YVETTE CLEVELAND

06/24/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	CAMPBELL, RAYSHAUNA
Address	3951 SNAPPFINGER PWY SUITE 425
City-State-Zip:	DECATUR GA 30035
Title	MEMBERSHIP COORDINATOR
Name	MITCHELL, JACINDA
Address	3951 SNAPPFINGER PWY SUITE 425
City-State-Zip:	DECATUR GA 30035
Title	PRESIDENT
Name	BURRELL, ANGELA
Address	3951 SNAPPFINGER PWY SUITE 425
City-State-Zip:	DECATUR GA 30035
Title	CHIEF INFORMATION OFFICER
Name	OGUNMEFUN, NICOLE
Address	3951 SNAPPFINGER PWY, SUITE 425
City-State-Zip:	DECATUR GA 30035

Title	SECRETARY
Name	CAMPBELL, TANYA
Address	3951 SNAPPFINGER PWY SUITE 425
City-State-Zip:	DECATUR GA 30035
Title	TREASURER
Name	PARKER, TRESA
Address	3951 SNAPPFINGER PWY SUITE 425
City-State-Zip:	DECATUR GA 30035
Title	CHAPLAIN
Name	OWENS, DECRETA
Address	3951 SNAPPFINGER PWY, SUITE 425
City-State-Zip:	DECATUR GA 30035
Title	VICE PRESIDENT OF OPERATIONS
Name	LAMB, MARY
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: ANGELA BURRELL

PRESIDENT

06/24/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	HISTORIAN
Name	BOYD, LACEY
Address	3951 SNAPFINGER PWY SUITE 425
City-State-Zip:	DECATUR GA 30035