

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000007630

Entity Name: SIGMA OMEGA FOUNDATION FOR CHANGE AND PROGRESS
INC.**FILED**
Mar 26, 2024
Secretary of State
8488656220CC**Current Principal Place of Business:**4500 FARGO PL
ORLANDO, FL 32808**Current Mailing Address:**PO BOX 580208
ORLANDO, FL 32858 US**FEI Number: 82-2286394****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**DESRAMEAUX, SERGE S MR.
5206 INDIAN HILL RD
APT. 312
ORLANDO, FL 32808 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	P
Name	DESRAMEAUX, SERGE S MR.
Address	5206 INDIAN HILL RD APT. 312
City-State-Zip:	ORLANDO FL 32808

Title	TREASURER
Name	JOSEPH, CHERESTE C MR.
Address	5431 S RIO GRANDE AVE
City-State-Zip:	ORLANDO FL 32839

Title	VP
Name	PAUL , ACHELIN SR.
Address	7230 COUNTRY RUN PARKWAY
City-State-Zip:	ORLANDO FL 32818

Title	COUNSELOR
Name	CADEAU, PAULNIC P MR.
Address	2703 NUMILLA DRIVE
City-State-Zip:	ORLANDO FL 32839

Title	COUNSELOR
Name	SAINVIL, GERALD U
Address	7354 LAZY HILL DRIVE
City-State-Zip:	ORLANDO FL 32818

Title	SECRETARY
Name	DESRAMEAUX, ESTHERVENCIA
Address	4500 FARGO PL
City-State-Zip:	ORLANDO FL 32808

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: SERGE DESRAMEAUX**PRESIDENT****03/26/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date