2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002868

Entity Name: DELTA KAPPA OMEGA FOUNDATION INC.

FILED Feb 28, 2018 Secretary of State CC7032874567

Date

Current Principal Place of Business:

1908 HIGHLAND ST. TALLAHASSEE, FL 32310

Current Mailing Address:

PO BOX 6117

TALLAHASSEE, FL 32314-6117 US

FEI Number: 31-1470888 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOORE, JUANITA 2901 TYRON CIRCLE TALLAHASSEE, FL 32309 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: JUANITA MOORE 02/28/2018

Electronic Signature of Registered Agent

Officer/Director Detail:

Title Title DVP

RANDOLPH, TIFFANY SAMPSON, SELIKA Name Name

2305 ALISTIR LANE 1605 GROVELAND HILLS DRIVE Address Address

City-State-Zip: TALLAHASSEE FL 32317 TALLAHASSEE FL 32312 City-State-Zip:

Title DFS Title DT

Name MOORE, JUANITA VERA, HARPER Name Address 2901 TYRON CIRCLE Address 2364 WINTERGREEN ROAD TALLAHASSEE FL 32309 City-State-Zip: City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR D SECRETARY Title

Name GROOMES-MCLENDON, FREDDIE HARRIS. ARLECIA Name

Address 3306 WHEATLEY RD. P. O. BOX 6221 Address

City-State-Zip: TALLAHASSEE FL 32305 TALLAHASSEE FL 32314 City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name JEFFERSON, SHARON GODETTE, NANCY Name 729 SILVER MAPLE DR. Address 606 HAWKINS ST. Address City-State-Zip: TALLAHASSEE FL 32308

TALLAHASSEE FL 32305 City-State-Zip:

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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.

02/28/2018 SIGNATURE: JUANITA MOORE FINANCIAL SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

NameMURRAY, BERTHAAddress4472 COOL EMERALDCity-State-Zip:TALLAHASSEE FL 32303

Title DIRECTOR

Name PETERS, MARY

Address 4830 GEARHART RD.

City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR

Name DANIELS, GLORIA
Address 2435 BASSWIID LAND

City-State-Zip: TALLAHASSEE FL 32308

Title CH. TREASURER

Name THORNTON, ANGELA

Address 3343 DARTMOUTH DR.

City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR

NameRICHARD, DARICEAddress2109 EVERGREEN DR.City-State-Zip:TALLAHASSEE FL 32303

Title DIRECTOR

Name WILLIAMS, JUANITA Address 697 LUPINE LANE

City-State-Zip: TALLAHASSEE FL 32308

Title DIRECTOR

Name JENKINS-PYE, CONNIE

Address 4547 DESLIN CT.

City-State-Zip: TALLAHASSEE FL 32305