2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002868

Entity Name: DELTA KAPPA OMEGA FOUNDATION INC.

FILED Feb 17, 2025 Secretary of State 4646128483CC

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 02/17/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title DΡ Title DIRECTOR GIBBS, VETTYE HICKS, RHONDA Name Name 4722 PLANTERS RIDGE DR. 1829 RODEO CT. Address Address City-State-Zip: TALLAHASSEE FL 32311 TALLAHASSEE FL 32311 City-State-Zip:

Title DT Title DFS

NameHARPER, VERANameMOORE, JUANITAAddress2364 WINTERGREEN ROADAddress2901 TYRON CIRCLECity-State-Zip:TALLAHASSEE FL 32308City-State-Zip:TALLAHASSEE FL 32309

Title D SECRETARY Title DIRECTOR

Name JOHNSON, LEONA Name GROOMES-MCLENDON, FREDDIE

Address 2300 BLUFF OAK WAY #1204 Address 3306 WHEATLEY RD.

City-State-Zip: TALLAHASSEE FL 32311 City-State-Zip: TALLAHASSEE FL 32305

Title DIRECTOR Title DIRECTOR

NameGODETTE, NANCYNameJEFFERSON, SHARONAddress606 HAWKINS ST.Address729 SILVER MAPLE DR.City-State-Zip:TALLAHASSEE FL 32305City-State-Zip: TALLAHASSEE FL 32308

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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.

SIGNATURE: JUANITA MOORE

DIRECTOR, FINANCIAL SECRETARY

02/17/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name MURRAY, BERTHA
Address 4472 COOL EMERALD
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

Title DIRECTOR
Name FORD, CLINITA

Address 2029 N. MERIDIAN RD.

City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR

Name BARBER, BEVERLY Address 2314 ATAPHA NENE

City-State-Zip: TALLAHASSEE FL 32301

Title D, VP

Name HADLEY, MELODY Address 1112 WINTER LANE

City-State-Zip: TALLAHASSEE FL 32311

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 RANDOLPH, VERNEA

Address 2305 ALISTIR LANE

City-State-Zip: TALLAHASSEE FL 32312

Title EXECUTIVE DIRECTOR

Name MILLER, KAREN

Address 6190 OBSERVATION CIRCLE
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR

Name SPRADLEY-BROWN, GLORIA

Address 1004 TANNER DRIVE

City-State-Zip: TALLAHASSEE FL 32305