


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91057 032 ****61.25

DOCUMENT # F03000005714

1. Entity Name
ALPHA CHI OMEGA NATIONAL HOUSING CORPORATION



Principal Place of Business Mailing Address

5939 CASTLE CREEK PARKWAY N DR 5939 CASTLE CREEK PARKWAY N DR
 INDIANAPOLIS, IN 46250-4343 INDIANAPOLIS, IN 46250-4343

34082419

DO NOT WRITE IN THIS SPACE



01152004 No Chg-NP CR2E037 (10/03)

4. FEI Number 35-1992276	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOBIN, ANDREA 509 QUEEN ST PHILADELPHIA, PA 19147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOCKEMA, BONNIE ANDREWS 801 E STATE ST LAFAYETTE, IN 479011745
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWER, LYNN JANETZKY 5753-G SANTA ANA CANYON RD #5600 ANAHEIM, CA 928072300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORRER, SUSAN CALLAHAN 3549 VICTORY DR PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRADY, MARSHA KING 1605 TEG DR IOWA CITY, IA 52246
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINGLETON, SANDA CAMPBELL 2302 BROOKSIDE DR ARLINGTON, TX 760124171

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *Komis A. Hockema* Date: 4/26/04 Daytime Phone #: 765-2463-5267

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment

Continuation of Officers & Directors listing:

F03000005714

Suzie McCendox Symcox
1715 Pennington Way
Oklahoma City OK 73116