

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005714

FILED
Jul 17, 2007
Secretary of State

Entity Name: ALPHA CHI OMEGA NATIONAL HOUSING CORPORATION

Current Principal Place of Business:

5939 CASTLE CREEK PARKWAY N DR
INDIANAPOLIS, IN 462504343

New Principal Place of Business:

Current Mailing Address:

5939 CASTLE CREEK PARKWAY N DR
INDIANAPOLIS, IN 462504343

New Mailing Address:

FEI Number: 35-1992276 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SYMCOX, SUZIE
Address: 1715 PENNINGTON WAY
City-St-Zip: OKLAHOMA CITY, OK 73116

Title: D () Delete
Name: FORRER, SUSAN
Address: 1201 N AVENIDA JEANINE
City-St-Zip: TUCSON, AZ 85715

Title: D () Delete
Name: BOTVINICK, MARIE
Address: 5482 PARROLETTE CT
City-St-Zip: OCEANSIDE, CA 92057

Title: D () Delete
Name: HAWKS, TAMMERIA
Address: 5242 BUENA VISTA DRIVE
City-St-Zip: FRISCO, TX 75034

Title: D () Delete
Name: GREGORY, MARY
Address: 3223 OAKLAND LAKE CIRCLE
City-St-Zip: MISSOURI CITY, TX 77459

Title: D () Delete
Name: STEINER, AGNES
Address: BUCKHEAD GRAND #3307; 3338 PEACHTREE RD
City-St-Zip: ATLANTA, GA 30328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: SYMCOX, SUZANNE
Address: 1715 PENNINGTON WAY
City-St-Zip: OKLAHOMA CITY, OK 73116

Title: ST/D (X) Change () Addition
Name: FORRER, SUSAN
Address: 1201 N AVENIDA JEANINE
City-St-Zip: TUCSON, AZ 85715

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SUZANNE SYMCOX

P/D

07/17/2007

Electronic Signature of Signing Officer or Director

Date