


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008 8:00 am
Secretary of State

02-05-2008 90008 048 ****61.25

DOCUMENT # F03000005714					
1. Entity Name ALPHA CHI OMEGA NATIONAL HOUSING CORPORATION					
Principal Place of Business 5939 CASTLE CREEK PARKWAY N DR INDIANAPOLIS, IN 46250-4343			Mailing Address 5939 CASTLE CREEK PARKWAY N DR INDIANAPOLIS, IN 46250-4343		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01102008 Chg-NP CR2E037 (12/06)	
Zip		Country		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			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P/D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SYMCOX, SUZANNE	NAME	Jennifer Diederich		
STREET ADDRESS	1715 PENNINGTON WAY	STREET ADDRESS	3662 Hilliard Station Rd		
CITY-ST-ZIP	OKLAHOMA CITY, OK 73116	CITY-ST-ZIP	Hilliard, Ohio 43026		
TITLE	ST/D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FORRER, SUSAN	NAME	Marni Zarin		
STREET ADDRESS	1201 N AVENIDA JEANINE	STREET ADDRESS	4288 Childress		
CITY-ST-ZIP	TUCSON, AZ 85715	CITY-ST-ZIP	Houston, TX 77005		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Assist ST. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BOTVINICK, MARIE	NAME	Cheri O'Neill		
STREET ADDRESS	5482 PARROLETTE CT	STREET ADDRESS	5939 Castle Creek Pwky N. Dr.		
CITY-ST-ZIP	OCEANSIDE, CA 92057	CITY-ST-ZIP	Indianapolis, IN 46250-4343		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAWKS, TAMMERIA	NAME			
STREET ADDRESS	5242 BUENA VISTA DRIVE	STREET ADDRESS			
CITY-ST-ZIP	FRISCO, TX 75034	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GREGORY, MARY	NAME			
STREET ADDRESS	3223 OAKLAND LAKE CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	MISSOURI CITY, TX 77459	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEINER, AGNES	NAME			
STREET ADDRESS	BUCKHEAD GRAND #3307; 3338 PEACHTREE RD	STREET ADDRESS			
CITY-ST-ZIP	ATLANTA, GA 30328	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.					
SIGNATURE: <u>Cheri O'Neill</u>		Date: <u>1/25/08</u>		Daytime Phone #: <u>317-579-5050</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					