

2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005714

**FILED
Mar 10, 2014
Secretary of State
CC6412800292**

Entity Name: ALPHA CHI OMEGA NATIONAL HOUSING CORPORATION

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 35-1992276

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P/D
Name BRADY, MIKELLE
Address 1442 HILLSIDE DRIVE
City-State-Zip: GRAYSON GA 30017

Title ST/D
Name GERHARDT, CASSIE
Address 5759 W PRAIRIEWOOD DR
City-State-Zip: GRAND FORKS ND 58201

Title D
Name MULLINS, CHRISTINA
Address 2933 COTTONWOOD LN
City-State-Zip: CHESTER SPRINGS PA 19425

Title D
Name WILSON, SUSAN
Address 7952 N PLACITA DEL CHANGO
City-State-Zip: TUCSON AZ 85704

Title D
Name CLAYBROOK, HEATHER
Address 2321 CLOVER RIDGE DR
City-State-Zip: CEDAR PARK TX 78613

Title AST
Name SHIELDS SILVERMAN, TAMI
Address 5939 CASTLE CREEK PKWY N DR
City-State-Zip: INDIANAPOLIS IN 46250

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: TAMI SHIELDS SILVERMAN

EXECUTIVE DIRECTOR

03/10/2014

Electronic Signature of Signing Officer/Director Detail

Date