

2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005714

FILED
Apr 18, 2022
Secretary of State
0007004290CC

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:

CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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	DIRECTOR	Title	SENIOR FINANCIAL CONTROLLER
Name	SMITH , BROOKE OLIVER	Name	GOLDSBERRY, JULIE
Address	4466 N PENNSYLVANIA ST	Address	5939 CASTLE CREEK PARKWAY N DRIVE
City-State-Zip:	INDIANAPOLIS IN 46205	City-State-Zip:	INDIANAPOLIS IN 46250
Title	DIRECTOR	Title	DIRECTOR
Name	MCGRATH KLINGE, DONNA	Name	BRADY, MIKELLE HOLT
Address	2034 HAWLEY DRIVE	Address	632 IVES WALK
City-State-Zip:	VISTA CA 92084	City-State-Zip:	MONROE GA 30655
Title	DIRECTOR	Title	DIRECTOR
Name	HURTER, JANIS ROSE	Name	HICKS, LINDSAY
Address	8723 MAPLE HOLLOW CT	Address	10852 TOLLISTON LN
City-State-Zip:	GRANITE BAY GA 95746	City-State-Zip:	INDIANAPOLIS IN 46236
Title	DIRECTOR	Title	DIRECTOR
Name	WAISS, NANCY SPANICH	Name	RITCHIE , ANNA CLOVIS
Address	6833 SE 32ND STREET	Address	2202 E DRACHMAN ST
City-State-Zip:	MERCER ISLAND WA 98040	City-State-Zip:	TUCSON AZ 85719

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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: DONNA MCGRATH KLINGE

DIRECTOR

04/18/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CEO
Name GAFFIN, KATIE
Address 5939 CASTLE CREEK PARKWAY N DR
City-State-Zip: INDIANAPOLIS IN 46250-4343