

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000005714

**Entity Name:** ALPHA CHI OMEGA NATIONAL HOUSING CORPORATION

**Current Principal Place of Business:**

5635 CASTLE CREEK PARKWAY N. DRIVE  
INDIANAPOLIS, IN 46250

**Current Mailing Address:**

5635 CASTLE CREEK PARKWAY N. DRIVE  
INDIANAPOLIS, IN 46250 US

**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:** JON-MICHAEL SANCHEZ, SPECIAL SECRETARY

04/16/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KLINGE, DONNA MCGRATH  
Address        2034 HAWLEY DR  
City-State-Zip: VISTA CA 92084-2613

Title            TREASURER AND SECRETARY  
Name            WAISS, NANCY SPANICH  
Address        6833 SE 32ND ST  
City-State-Zip: MERCER ISLAND WA 98040-2555

Title            CEO  
Name            GAFFIN, KATIE  
Address        5635 CASTLE CREEK PARKWAY N.  
                  DRIVE  
City-State-Zip: INDIANAPOLIS IN 46250

Title            SENIOR FINANCIAL CONTROLLER  
Name            GOLDSBERRY, JULIE  
Address        5635 CASTLE CREEK PARKWAY N.  
                  DRIVE  
City-State-Zip: INDIANAPOLIS IN 46250

Title            DIRECTOR  
Name            KLINGE, DONNA MCGRATH  
Address        2034 HAWLEY DR  
City-State-Zip: VISTA CA 92084-2613

Title            DIRECTOR  
Name            BRADY, MIKELLE HOLT  
Address        632 ST IVES WALK  
City-State-Zip: MONROE GA 30655-1977

Title            DIRECTOR  
Name            HICKS, LINDSAY  
Address        10852 TOLLISTON LN  
City-State-Zip: INDIANAPOLIS IN 46236-8240

Title            DIRECTOR  
Name            HURTER, JANIS ROSE  
Address        8723 MAPLE HOLLOW CT  
City-State-Zip: GRANITE BAY CA 95746-6158

**Continues on page 2**

*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, BY JON-  
MICHAEL SANCHEZ,  
ATTORNEY-IN-FACT

04/16/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name RITCHIE, ANNA CLOVIS  
Address 2202 E DRACHMAN ST  
City-State-Zip: TUCSON AZ 85719-4318

Title DIRECTOR  
Name SMITH, BROOKE OLIVER  
Address 4466 N PENNSYLVANIA ST  
City-State-Zip: INDIANAPOLIS IN 46205-1728

Title DIRECTOR  
Name WAISS, NANCY SPANICH  
Address 6833 SE 32ND ST  
City-State-Zip: MERCER ISLAND WA 98040-2555