

**2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000005714

**FILED**  
**Jul 19, 2013**  
**Secretary of State**  
**CC8632411933**

**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

**ASSISTANT  
SECRETARY/TREASURER**

**07/19/2013**

Electronic Signature of Signing Officer/Director Detail

Date