

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90260 041 ****61.25

DOCUMENT # 757491					
1. Entity Name GAMMA OF CHI OMEGA HOUSE CORPORATION, INC.					
Principal Place of Business 661 W JEFFERSON STREET TALLAHASSEE, FL 32304			Mailing Address 3506 LIMERICK DR. TALLAHASSEE, FL 32309		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2101976	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MARKS, SUSAN 316 S.BAYLEN ST.SUITE 500 PENSACOLA, FL 32502				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STEWART, GILLIAN		NAME		
STREET ADDRESS	1608 EAGLES LANDING BLVD, APT # 69		STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE, FL 30308		CITY - ST - ZIP		
TITLE	SVD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OAKE, KATIE		NAME		
STREET ADDRESS	820 EAGLE VIEW DRIVE		STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE, FL 32311		CITY - ST - ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	OAKE, KATIE		NAME	Michelle Dahnke	
STREET ADDRESS	820 EAGLE VIEW DRIVE		STREET ADDRESS	1608 Eagles Landing Blvd. Apt # 69	
CITY - ST - ZIP	TALLAHASSEE, FL 32311		CITY - ST - ZIP	Tallahassee, FL 32308	
TITLE	FTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MANIFOLD, LEA		NAME		
STREET ADDRESS	3506 LIMERICK DR.		STREET ADDRESS		
CITY - ST - ZIP	TALLAHASSEE, FL 32309		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: <i>Lea S. Manifold</i>		LEA S. MANIFOLD		4/19/07 (850) 893-0105	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	