

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757491

FILED
Apr 14, 2009
Secretary of State

Entity Name: GAMMA OF CHI OMEGA HOUSE CORPORATION, INC.

Current Principal Place of Business:

661 W JEFFERSON STREET
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

3506 LIMERICK DR.
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 59-2101976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARKS, SUSAN
316 S.BAYLEN ST.SUITE 500
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STEWART, GILLIAN
Address: 1608 EAGLES LANDING BLVD, APT # 69
City-St-Zip: TALLAHASSEE, FL 30308

Title: VD (X) Delete
Name: DAKE, KATIE
Address: 820 EAGLE VIEW DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

Title: S () Delete
Name: DAHNKE, MICHELLE
Address: 1680 EAGLES LANDING BLVD APT 69
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: MANIFOLD, LEA
Address: 3506 LIMERICK DR.
City-St-Zip: TALLAHASSEE, FL 32309

Title: TD () Delete
Name: LAMB, KAREN
Address: 10200 CENTERVILLE ROAD
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STEWART, GILLIAN
Address: 3730 BOBBIN BROOK CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: DAHNKE, MICHELLE
Address: 1680 EAGLES LANDING BLVD APT 69
City-St-Zip: TALLAHASSEE, FL 32308

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LEA MANIFOLD

D

04/14/2009

Electronic Signature of Signing Officer or Director

Date