

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N19936** (6)
1. Corporation Name
CHI OMEGA HOUSING CORPORATION



Principal Place of Business: **C/O MARY ANN FREDERICK 97-3- SW 67 DRIVE GAINESVILLE FL 32608**
Mailing Address: **C/O MARY ANN FREDERICK 97-3- SW 67 DRIVE GAINESVILLE FL 32608**

3. Date Incorporated or Qualified: **04/02/1987**
3a. Date of Last Report: **01/20/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
		59-6135388	<input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FREDERICK, MARY ANN 9703 S.W. 67TH DRIVE GAINESVILLE FL 32608		81. Name	Watson, Merry Mac
		82. Street Address (P.O. Box Number is Not Acceptable)	912 N.W. 5th Terrace
		83. City	Gainesville
		84. State	FL
		85. Zip Code	32605

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.8503, Florida Statutes.

SIGNATURE: *Merry Mac Watson* (NOTE: Registered Agent signature required when reinstating) DATE: **6-10-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAGE, JANE F.	1.2 NAME	Raines, Darla S.
STREET ADDRESS	352 NW 48TH BLVD	1.3 STREET ADDRESS	3007 N W 58th Blvd.
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	Gainesville, FL 32605
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALSOBROOK, ELIZABETH P.	2.2 NAME	Merry Mac Watson
STREET ADDRESS	1628 N.W. 26TH WAY	2.3 STREET ADDRESS	912 N W 51 Terr
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	Gainesville, FL 32605
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREDERICK, MARY ANN	3.2 NAME	Osmun, Martha W
STREET ADDRESS	9703 S.W. 67TH DRIVE	3.3 STREET ADDRESS	1503 Nw 52nd Terr
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	Gainesville, FL 32605
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, CEDORA P.	4.2 NAME	
STREET ADDRESS	2219 N.W. 23 TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	600001872846 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCREA, SARA LYNN	5.2 NAME	-06/24/96--01027--013
STREET ADDRESS	4755 S.W. 88TH DR.	5.3 STREET ADDRESS	***61.25
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHREIBER, SHARON	6.2 NAME	
STREET ADDRESS	201 S.W. 165TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEWBERRY FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Merry Mac Watson, Treasurer* DATE: **4/29/96** DAYPHONE: **352-378-8531**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)