

FILE NOW: FILING FEE IS \$61.25

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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 04/02/1987	3a. Date of Last Report 06/22/1996
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2. Principal Place of Business 21 % Merry Mac Watson Suite, Apt. #, etc. 22 1910 NW 23rd Terr City & State 23 Gainesville FL Zip 24 32605	2a. Mailing Address 25 % Merry Mac Watson Suite, Apt. #, etc. 26 1910 NW 23rd Terr City & State 27 Gainesville FL Zip 28 32605 Country 29 USA
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4. FEI Number 59-6135388	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**WATSON, MERRY MAC
912 N.W. 51ST TERRACE
GAINESVILLE FL 32605**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1910 NW 23rd Terr
83
84 City Gainesville
85 Zip Code FL 32605

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAINES, DARLA S.		1.2 NAME	
STREET ADDRESS 3007 NW 58TH BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE FL 32605		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALSOBROOK, ELIZABETH P.		2.2 NAME	
STREET ADDRESS 1628 N.W. 26TH WAY		2.3 STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE FL		2.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FREDERICK, MARY ANN		3.2 NAME	
STREET ADDRESS 9703 S.W. 67TH DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE FL		3.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WATSON, MERRY MAC		4.2 NAME	
STREET ADDRESS 912 NW 51 TERR.		4.3 STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE FL 32605		4.4 CITY-ST-ZIP	
TITLE PS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OSMUN, MARTHA W.		5.2 NAME	
STREET ADDRESS 1503 NW 52ND TERR.		5.3 STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE FL 32605		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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 (MERRY MAC) 1-13-97 352-378-8531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # Address

CF2E037 (9/96)