


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N19936
 1. Entity Name
 CHI OMEGA HOUSING CORPORATION



Principal Place of Business 807 W. PANHELLENIC GAINESVILLE, FL 32601 US	Mailing Address 1503 NW 52ND TERR GAINESVILLE, FL 32605 US
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DO NOT WRITE IN THIS SPACE



07072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6135388	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OSMUN, MARTHA W
 1503 NW 52ND TERR
 GAINESVILLE, FL 32605

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OLIVER, TRUIT 329 NW 22 ST GAINESVILLE, FL 32603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLINGER, SANDRA 4914 SW 95 TERRACE GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROWE, JENNIFER 4824 SW 91ST CT GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALSOBROOKE, ELIZABETH 6621 NW 50TH LN GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A OSMUN, MARTHA W 1503 NW 52 TERRACE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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072004-80106-025 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Martha W Osmun Martha W Osmun 7/6/04 352-375-7249
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #