

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19936

FILED
Jan 19, 2008
Secretary of State

Entity Name: CHI OMEGA HOUSING CORPORATION

Current Principal Place of Business:

807 W. PANHELLENIC
GAINESVILLE, FL 32601 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 358614
GAINESVILLE, FL 32635 US

New Mailing Address:

FEI Number: 59-6135388 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSMUN, MARTHA W
6005 NW 19TH PLACE
GAINESVILLE, FL 32605 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: TD () Delete
Name: OLINGER, SANDRA
Address: 4914 SW 95TH TERRACE
City-St-Zip: GAINESVILLE, FL 32608

Title: PD () Delete
Name: OLIVER, TRUITT
Address: 529 NW 22 ST
City-St-Zip: GAINESVILLE, FL 32603

Title: SD () Delete
Name: CANNON, ALISON
Address: 403 NE 6TH AVENUE
City-St-Zip: GAINESVILLE, FL 32601

Title: VP () Delete
Name: MCCREA, SARA LYNN
Address: 6124 SW 35TH WAY
City-St-Zip: GAINESVILLE, FL 32608

Title: A () Delete
Name: OSMUN, MARTHA W
Address: 6005 NW 19TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: TRUITT OLIVER

PD

01/19/2008

Electronic Signature of Signing Officer or Director

Date