

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19936

FILED  
Feb 08, 2009  
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: PD (X) Change ( ) Addition  
Name: OLINGER, SANDRA  
Address: 4914 SW 95TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32608

Title: VP (X) Change ( ) Addition  
Name: CLAYTON, DANA  
Address: 11863 SE COUNTY RD. 234  
City-St-Zip: MICANOPY, FL 32667

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

Title: TD (X) Change ( ) Addition  
Name: DUNLAP, LURAL  
Address: 600 SW 23RD PLACE  
City-St-Zip: GAINESVILLE, FL 32601

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: MARTHA OSMUN

A

02/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date