

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19936

FILED
Feb 08, 2012
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: PD
Name: CLAYTON, DANA
Address: 11863 SE COUNTY RD. 234
City-St-Zip: MICANOPY, FL 32667

Title: VP
Name: SINGLETON, LINDA
Address: 4319 SW 86TH WAY
City-St-Zip: GAINESVILLE, FL 32608

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

Title: TD
Name: PATRICK, SHERRY
Address: 2823 NW 31ST TERRACE
City-St-Zip: GAINESVILLE, FL 32605

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

I hereby 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 all other like empowered.

SIGNATURE: MARTHA W. OSMUN

A

02/08/2012

Electronic Signature of Signing Officer or Director

_____ Date