2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N19936

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FILED Feb 11, 2003 8:00 am Secretary of State

01-13-2003 90402 026 ****61.25

Principal Place of Business 807 W. PANNELLENIC GAINESVILLE FL 32601 US		Mailing Address 1503 NW 52ND TERR GAINESVILLE FL 32905 US			55005921					
2. Principa	al Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apl. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State		City & State .	City & State		4. FEI Number 59-6135388				Applied For	
Zip	Country	Zíp	Country		5. Certificate of S			\$8.75 A	Not Applicable dditional	
	6. Name and Address of Curre	ent Registered Agent			7. Name and Add		_	Fee Requi	red	
OSMIN	V, MARTHA W	·	Nam	ne					<u> </u>	
1503 M	W 52ND TERR		Stree	el Address (P.	O. Box Number is f	Not Acceptable)		· · ·	
CARINES	SVILLE FL 32605		City							
R. The abov	ve named entity submits this statement		1 1				FL	Zip Co		
the oblig	ve named entity submits this statement lations of registered agent.	t for the purpose of changing its	registered office	e or registered	agent, or both, in	the State of Flo	rida. I am	familiar with	and accept	
					•					
SIGNATURE	Signature: typed or printed name of registered age	ent and title if soplicable. (NOTE	Registered Agent sig							
	FILE NOW: FEE IS \$61.25	9. Election Carr	npaign Financin		5.00 May Be	Ma)	ce Check	k Payable	to	
		I Trust Fund C	ontribution.				—			
10			ontribution.		dded to Fees	Florid	a Depart	tment of	State	
10. Title	OFFICERS AND C	DIRECTORS	11.	ADI		Florid	a Depart	tment of	State	
1Q. TITLE NAME	OFFICERS AND C		11.	ADI	dded to Fees	Florid	a Depart	tment of	State	
TITLE NAME STREET ADDRESS	D PATRICK, SHERRY 807 N.W. 42 TERRACE	DIRECTORS	11.	Oliver	DITIONS/CHANGE Truitt	Florid	a Depart	RECTORS IN	State	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRICK, SHERRY 807 N.W. 42 TERRACE GAINESVILLE FL 32805	DIRECTORS	11. TITLE NAME	Oliver	dded to Fees	Florid	a Depart	RECTORS IN	State	
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receive certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi). 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 it 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

SIGNATURE:

1. Entity Name

CHI OMEGA HOUSING CORPORATION