

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

1/1

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

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**

55005921



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-6135388		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
OSMUN, MARTHA W 1503 NW 52ND TERR GAINESVILLE FL 32605			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRICK, SHERRY 807 N.W. 42 TERRACE GAINESVILLE FL 32605 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Oliver, Truitt 529 NW 22 St. Gainesville, FL 32603 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLINGER, SANDRA 4914 SW 95 TERRACE GAINESVILLE FL 32608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Olinger, Sandra 4914 SW 95 Terrace Gainesville, FL 32608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OSMUN, MARTHA W 1503 NW 52ND TERR GAINESVILLE FL 32605 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Rowe, Jennifer 4824 SW 91st Ct Gainesville, FL 32608 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAGE, JANE 352 NW 48TH BLVE GAINESVILLE FL 32605 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Alsobrook, Elizabeth 6621 NW 50th Lane Gainesville, FL 32653 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Administrator Osmon, Martha W 1503 NW 52 Terrace GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. Osmon Date: Jan 10, 2003 (352) 375-7249