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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

N26297

(4)

DOCUMENT # ALPHA CHI OMEGA HOUSE CORPORATION FOR GAMMA IOTA CHAPTER

Principal Place of Business	Mailing Addre	ec.				DDI BIBLI DIBLI DIBLI DI	
		133					
820 PANELLENIC DRIVE 820 PANELLENIC DRI GAINESVILLE FL 32601-7888 GAINESVILLE FL 326							
GAINESVILLE FL 326U1-7888	GMINEOVILLE	CHINESAILEE LE 25001-1000			3. Date Incorporated or Qualified 05/05/1988	3a. Date of La 05/01/	
2. Principal Place of Business	2a. Mailing Ad	ddress	-		4. FEI Number		Applied For
n	26				59-6142821	•	Not Applicable
Suite, Apt. #, etc.	Suite, Apt	:. #, etc.			5. Certificate of Status Desired		75 Additional se Required
(2)	27 City & Sta	ate			Election Campaign Financing	\$5	.00 May Be
City & State	28				Trust Fund Contribution	1 1 7 -	ded to Fees
Zip Country	Zip	L	Country		8. This corporation has liability for in	ntangible tax under	s. 199.032,
25	29		30		1 101100 01010100	Yes No	
9. Name and Address of (Current Registered Age	nt	81	Name	10. Name and Address of New R	agistered Agent	
CARPENTER, RONALD A.			82	Street Add	ress (P.O. Box Number is Not Acceptable	(e)	
4127 N.W. 27TH LANE			83				
Gainesville FL 32606						les	Zip Code
			84	City		FL 85	Zip Code
11. Pursuant to the provisions of Sections 61	17.0502 and 617.1508, Fk	orida Statutes,	the above-r	named corpo	ration submits this statement for the pur	pose of changing i	ts registered offi
 Pursuant to the provisions of Sections 61 or registered agent, or both, in the State familiar with, and accept the obligations of 	or Fiorida, Such chance v	vas authorized	by the corp	oration's boa	ard of directors. I hereby accept the appo	ointment as registe	red agent. Fam
	0., 000.0						
Signature, typed or printed name of registe	ered agent and title if applicable	NOTE		nt signature require	ed when reinstahrig) ADDITIONS/CHANGES TO OFF	DATE	NODS IN 12
OFFICE OFFICE	RS AND DIRECTORS					にとれる みいし いいこく	
12.		ADELETE.	13.		ADDITIONS/CHANGES TO GIT		
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SIGNATURE: Mary Mode
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A KARAMINEK BIR KIRIR BUMUR UNDER DERH EIRE BLEICH BERLIE ENDE BERLIE BERLIE BERLIE BERLIE BERLIE BERLIE BERLI

352-372-5672 Daytime Phone #

Moore