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Mar 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26297 (4)

1. Corporation Name

ALPHA CHI OMEGA HOUSE CORPORATION FOR GAMMA IOTA
CHAPTER

Principal Place of Business

Mailing Address

820 PANELLENIC DRIVE
GAINESVILLE FL 32601-7888

820 PANELLENIC DRIVE
GAINESVILLE FL 32601-7863



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
05/05/1988

3a. Date of Last Report
04/22/1996

4. FEI Number
59-6142821

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CARPENTER, RONALD A.
4127 N.W. 27TH LANE
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

(If printed, type full name of current registered agent, if applicable)

(If printed, Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
12.2 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
12.3 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
12.4 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
12.5 TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY, ST, ZIP
13.5 TITLE
13.6 NAME
13.7 STREET ADDRESS
13.8 CITY, ST, ZIP
13.9 TITLE
13.10 NAME
13.11 STREET ADDRESS
13.12 CITY, ST, ZIP
13.13 TITLE
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY, ST, ZIP
13.17 TITLE
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY, ST, ZIP

☐ Change ☐ Addition

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14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Mary Moore Mary Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-97
Date

352-372-5072
Deadline: Previous 0010552

CR2E037 (9/96)