

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26297

FILED
Jul 22, 2004
Secretary of State**Entity Name:** ALPHA CHI OMEGA HOUSE CORPORATION FOR GAMMA IOTA CHAPTER**Current Principal Place of Business:**820 PANELLENIC DRIVE
GAINESVILLE, FL 326017888**New Principal Place of Business:****Current Mailing Address:**820 PANELLENIC DRIVE
GAINESVILLE, FL 326017888**New Mailing Address:****FEI Number:** 59-6142821**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CARPENTER, RONALD A.
4127 N.W. 27TH LANE
GAINESVILLE, FL 32606**Name and Address of New Registered Agent:**ALMOND, ELAINE C MRS.
5512 SW 35TH WAY
GAINESVILLE, FL 32608

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: ELAINE C. ALMOND

07/22/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CARPENTER, DEANNA TA, YLOR
Address: 2830 N.W. 5TH COURT
City-St-Zip: GAINESVILLE, FL

Title: D () Delete
Name: MENA, CARRIE
Address: 1505 FT CLARKE BLVD #4-303
City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete
Name: MOORE, MARY
Address: 4802 N.W. 18TH PLACE
City-St-Zip: GAINESVILLE, FL

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: DUNN, MIEKO
Address: 4526 NW 34TH TERR
City-St-Zip: GAINESVILLE, FL 32605

Title: D (X) Change () Addition
Name: ALMOND, ELAINE C
Address: 5512 SW 35TH WAY
City-St-Zip: GAINESVILLE, FL 32608

Title: D (X) Change () Addition
Name: SHANNON, KAREN
Address: 201 SE 2ND AVE #406
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Change (X) Addition
Name: WRIGHT, LEIGH
Address: 2708 SE 48TH ST
City-St-Zip: OCALA, FL 34480

Title: D () Change (X) Addition
Name: NGUYEN, DIANE
Address: 3220 SE 24TH TER
City-St-Zip: OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ELAINE C. ALMOND

D

07/22/2004

Electronic Signature of Signing Officer or Director

Date