

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26297

FILED
Jan 23, 2005
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:

820 W. PANELLENIC DRIVE
GAINESVILLE, FL 326017888

Current Mailing Address:

820 PANELLENIC DRIVE
GAINESVILLE, FL 326017888

New Mailing Address:

5512 SW 35TH WAY
GAINESVILLE, FL 32608

FEI Number: 59-6142821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALMOND, ELAINE C MRS.
5512 SW 35TH WAY
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 ALMOND

D

01/23/2005

Electronic Signature of Signing Officer or Director

Date