

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26297

FILED  
Aug 02, 2006  
Secretary of State

**Entity Name:** ALPHA CHI OMEGA HOUSE CORPORATION FOR GAMMA IOTA CHAPTER

**Current Principal Place of Business:**

820 W. PANELLENIC DRIVE  
GAINESVILLE, FL 326017888

**New Principal Place of Business:**

**Current Mailing Address:**

5512 SW 35TH WAY  
GAINESVILLE, FL 32608

**New Mailing Address:**

14152 NW 30TH AVE  
GAINESVILLE, FL 32606

**FEI Number:** 59-6142821      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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:**

ALMOND, ELAINE C MRS.  
14152 NW 30TH AVE  
GAINESVILLE, FL 32606      US

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 ALMOND

08/02/2006

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: DP      (X) Change ( ) Addition  
Name: ALMOND, ELAINE  
Address: 14152 NW 30TH AVE  
City-St-Zip: GAINESVILLE, FL 32606

Title: D      (X) Change ( ) Addition  
Name: STONE, SHIRLEY S  
Address: 5594 SW 30TH AVE  
City-St-Zip: OCALA, FL 34474

Title: D      (X) Change ( ) Addition  
Name: SCHNEIDER, NANCY  
Address: 9348 A SW 82ND TERR  
City-St-Zip: OCALA, FL 34481

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 Chapter 119, 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

DP

08/02/2006

Electronic Signature of Signing Officer or Director

Date