


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90203 012 \*\*\*\*61.25

|  |  |   |   |   |                                      |
|--|--|---|---|---|--------------------------------------|
| <b>DOCUMENT # N26297</b><br>1. Entity Name<br><b>ALPHA CHI OMEGA HOUSE CORPORATION FOR<br/>GAMMA IOTA CHAPTER</b>  |  |   |   |  |                                      |
| Principal Place of Business<br><b>820 W. PANELLENIC DRIVE<br/>GAINESVILLE, FL 32601-7888</b>   |  |   | Mailing Address<br><b>14152 NW 30TH AVE<br/>GAINESVILLE, FL 32606</b>   |   |                                      |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address<br><b>5939 Castle Creek Pkwy</b>                                 |   |   |                                      |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.<br><b>North Drive</b>   |   |   |                                      |
| City & State   |  | City & State<br><b>Indianapolis, IN</b>   |   |   |                                      |
| Zip  | Country  | Zip<br><b>46250</b>   | Country   | 4. FEI Number<br><b>59-6142821</b>  |                                      |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |   | <b>\$8.75 Additional<br/>Fee Required</b>   |                                      |
| 6. Name and Address of Current Registered Agent<br><br><b>ALMOND, ELAINE C MRS.<br/>14152 NW 30TH AVE<br/>GAINESVILLE, FL 32606</b>  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;"> <b>FL</b> Zip Code         </div> |   |                                      |
| 8. 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. I am familiar with, and accept the obligations of registered agent.  |  |   |   |   |                                      |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |   |   |                                      |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>  |                                      |
| <b>Make check payable to:<br/>Florida Department of State</b>  |  |   |   |   |                                      |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | DP<br><b>ALMOND, ELAINE</b><br><b>14152 NW 30TH AVE</b><br><b>GAINESVILLE, FL 32606</b> <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br><b>STONE, SHIRLEY S</b><br><b>5594 SW 30TH AVE</b><br><b>OCALA, FL 34474</b> <input type="checkbox"/> Delete        |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br><b>SCHNEIDER, NANCY</b><br><b>9348 A SW 82ND TERR</b><br><b>OCALA, FL 34481</b> <input type="checkbox"/> Delete     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br><b>WRIGHT, LEIGH</b><br><b>2708 SE 48TH ST</b><br><b>OCALA, FL 34480</b> <input type="checkbox"/> Delete            |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br><b>NGUYEN, DIANE</b><br><b>3220 SE 4TH TER</b><br><b>OCALA, FL 34471</b> <input checked="" type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                                      |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |   |   |   |                                      |
| <b>SIGNATURE:</b> <u>Barbara Bridges</u>   |  |   | Date: <u>2-27-08</u>  |   | Daytime Phone #: <u>317-579-5050</u> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   |   |   |                                      |