2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2009
Secretary of State

DOCUMENT# N26297

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:

5939 CASTLE CRK PKWY N DR
INDIANAPOLIS, IN 46250

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:

ALMOND, ELAINE C MRS.
14152 NW 30TH AVE
GAINESVILLE, FL 32606 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:	ALMOND, ELAINE	
Address:	14152 NW 30TH AVE	
City-St-Zip:	GAINESVILLE, FL 32606	
Title:	D	( ) Delete
Name:	STONE, SHIRLEY S	
Address:	5594 SW 30TH AVE	
City-St-Zip:	OCALA, FL 34474	
Title:	D	( ) Delete
Name:	SCHNEIDER, NANCY	
Address:	9348 A SW 82ND TERR	
City-St-Zip:	OCALA, FL 34481	
Title:	D	( ) Delete
Name:	WRIGHT, LEIGH	
Address:	2708 SE 48TH ST	
City-St-Zip:	OCALA, FL 34480	

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:	

I hereby certify that the information supplied with this filing does not qualify 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 C ALMOND PRES 04/18/2009

Electronic Signature of Signing Officer or Director — Date