

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001473

FILED  
Apr 29, 2006  
Secretary of State

**Entity Name:** PSI MU HOUSE CORPORATION OF CHI OMEGA FRATERNITY

**Current Principal Place of Business:**

10240 WILLOWMAC CT.  
ORLANDO, FL 32817

**New Principal Place of Business:**

**Current Mailing Address:**

10240 WILLOWMAC CT.  
ORLANDO, FL 32817

**New Mailing Address:**

**FEI Number:** 59-3597205

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PERSICO, DEANNA  
2482 LAKE DEBRA DRIVE  
APT. 4-308  
ORLANDO, FL 32835 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: D ( ) Delete  
Name: BATMAN, LINDA  
Address: 200 MAITLAND AVE #122  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete  
Name: JONTZ, SHARYN  
Address: 1138 PARK NORTH PLACE  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: SWETMAN, SHAWN  
Address: 1951 TEMPLE DRIVE  
City-St-Zip: WINTER PARK, FL 32789

Title: PD ( ) Delete  
Name: BORNFREUND, LAURA  
Address: 10240 WILLOWMAC COURT  
City-St-Zip: ORLANDO, FL 32817

Title: TD ( ) Delete  
Name: KOENIG, KRISTY  
Address: 105 JAY COURT  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD ( ) Delete  
Name: PERSICO, DEANNA  
Address: 2482 LAKE DEBRA DRIVE, APT. 4-308  
City-St-Zip: ORLANDO, FL 32825

**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:

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: KRISTY M. KOENIG

TREA

04/29/2006

Electronic Signature of Signing Officer or Director

Date