

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001473

FILED
Apr 30, 2008
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 ()

Name and Address of Current Registered Agent:

BORNFREUND, LAURA A PD
10240 WILLOWMAC CT.
ORLANDO, FL 32817 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: SEKAC, MARY
Address: 757 LITTLE WEKIVA CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: JANE, MAGUIRE
Address: 1420 POINSETTIA AVENUE
City-St-Zip: ORLANDO, FL 32804

Title: D () Delete
Name: JESSUP, KIMBERLY
Address: 5536 METROWEST BLVD APT. 312
City-St-Zip: ORLANDO, FL 32811

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: MARQUEZ, PATRICIA
Address: 823 PENNSYLVANIA AVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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 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

TD

04/30/2008

Electronic Signature of Signing Officer or Director

Date