

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001473

FILED
Apr 01, 2012
Secretary of State

Entity Name: PSI MU HOUSE CORPORATION OF CHI OMEGA FRATERNITY

Current Principal Place of Business:

105 JAY COURT
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

363 CROTON DRIVE
MAITLAND, FL 32751

New Mailing Address:

5423 LEIGHTON LANE
OVIEDO, FL 32765

FEI Number: 59-3597205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOENIG, KRISTY M PD
105 JAY COURT
ALTAMONTE SPRINGS, FL 32714 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
Name: KELLY, NICOLE E
Address: 15473 PERDIDO DR
City-St-Zip: ORLANDO, FL 32828

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

Title: TD
Name: CROSS, CARRIE
Address: 5039 SHOREWOOD LANDING, LN
City-St-Zip: OVIEDO, FL 32765

Title: D
Name: ROBINSON, DEANNA M
Address: 5423 LEIGHTON LANE
City-St-Zip: OVIEDO, FL 32765

Title: SD
Name: JACKSON, KRISTEN D
Address: 363 CROTON DRIVE
City-St-Zip: MAITLAND, FL 32751

Title: PD
Name: KOENIG, KRISTY PD
Address: 105 JAY COURT
City-St-Zip: ALTAMONT SPRINGS, FL 32714

I hereby 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 all other like empowered.

SIGNATURE: KRISTY M KOENIG

PD

04/01/2012

Electronic Signature of Signing Officer or Director

Date