

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26297

**Entity Name:** ALPHA CHI OMEGA HOUSE CORPORATION FOR GAMMA IOTA CHAPTER

**FILED**  
**Feb 28, 2014**  
**Secretary of State**  
**CC7157832064**

**Current Principal Place of Business:**

820 W. PANELLENIC DRIVE  
GAINESVILLE, FL 32601-7888

**Current Mailing Address:**

3928 SW 92 TERRACE  
GAINESVILLE, FL 32608 US

**FEI Number:** 59-6142821

**Certificate of Status Desired:** No

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

ALMOND, ELAINE CMRS.  
14152 NW 30TH AVE  
GAINESVILLE, FL 32606 US

*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

**Officer/Director Detail :**

Title	DP	Title	D
Name	ALMOND, ELAINE	Name	STONE, SHIRLEY S
Address	14152 NW 30TH AVE	Address	5594 SW 30TH AVE
City-State-Zip:	GAINESVILLE FL 32606	City-State-Zip:	OCALA FL 34474
Title	D	Title	TREASURER
Name	WRIGHT, LEIGH	Name	SHEA, JILL
Address	2708 SE 48TH ST	Address	3928 SW 92 TERRACE
City-State-Zip:	OCALA FL 34480	City-State-Zip:	GAINESVILLE FL 32608

*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:** ELAINE ALMOND

**PRESIDENT**

**02/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date