


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Jan 21, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # F0000006214**  
 1. Entity Name  
 RETIREMENT HOUSING FOUNDATION, INC.



Principal Place of Business  
 911 NORTH STUDEBAKER ROAD  
 LONG BEACH, CA 90815-4900

Mailing Address  
 911 NORTH STUDEBAKER ROAD  
 LONG BEACH, CA 90815-4900



01052005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 95-2249495 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 NRAI SERVICES, INC.  
 526 EAST PARK AVENUE  
 TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO JOSEPH, LAVERNE R 911 NORTH STUDEBAKER ROAD LONG BEACH, CA 90815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS LISTOE, LINDA SR. 911 NORTH STUDEBAKER ROAD LONG BEACH, CA 90815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAWATA, TERUO 911 NORTH STUDEBAKER ROAD LONG BEACH, CA 90815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MASUDA, TOM 911 NORTH STUDEBAKER ROAD LONG BEACH, CA 90815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TRNKA, JOHN E DR. 911 NORTH STUDEBAKER ROAD LONG BEACH, CA 90815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC KING, DONALD W 911 NORTH STUDEBAKER ROAD LONG BEACH, CA 90815

U00000189549  
01/24/05-80100-023 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda F. Listoe **LINDA F. LISTOE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **CORPORATE SECRETARY**

Date: 01/14/2005 Daytime Phone #: 562-257-5100