

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 26, 2009  
Secretary of State

DOCUMENT# F00000006214

Entity Name: RETIREMENT HOUSING FOUNDATION, INC.

**Current Principal Place of Business:**

911 NORTH STUDEBAKER ROAD  
LONG BEACH, CA 908154900

**New Principal Place of Business:**

**Current Mailing Address:**

911 NORTH STUDEBAKER ROAD  
LONG BEACH, CA 908154900

**New Mailing Address:**

FEI Number: 95-2249495      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: PCEO ( ) Delete  
Name: JOSEPH, LAVERNE R  
Address: 911 NORTH STUDEBAKER ROAD  
City-St-Zip: LONG BEACH, CA 90815

Title: S ( ) Delete  
Name: STOUFF, DEBORAH  
Address: 911 NORTH STUDEBAKER ROAD  
City-St-Zip: LONG BEACH, CA 90815

Title: D ( ) Delete  
Name: KAWATA, TERUO  
Address: 911 NORTH STUDEBAKER ROAD  
City-St-Zip: LONG BEACH, CA 90815

Title: TD ( ) Delete  
Name: MASUDA, TOM  
Address: 911 NORTH STUDEBAKER ROAD  
City-St-Zip: LONG BEACH, CA 90815

Title: VC ( ) Delete  
Name: POTTER, CHRISTINA E  
Address: 911 NORTH STUDEBAKER ROAD  
City-St-Zip: LONG BEACH, CA 90815

Title: DC ( ) Delete  
Name: KING, DONALD W  
Address: 911 NORTH STUDEBAKER ROAD  
City-St-Zip: LONG BEACH, CA 90815

**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 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: DEBORAH J. STOUFF

SEC

02/26/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date