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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000006713

1. Corporation Name
RHA/HOUSING, INC.

Principal Place of Business	Mailing Address
ONE PEACHTREE PLAZA. SUITE 1150 3060 PEACHTREE RD. NW ATLANTA GA 30305	ONE PEACHTREE PLAZA. SUITE 1150 3060 PEACHTREE RD. NW ATLANTA GA 30305

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country [25]

2a. Mailing Address [26]
Suite, Apt. #, etc. [27]
City & State [28]
Zip [29] Country [30]

3. Date Incorporated or Qualifed
12/10/1998

4. FEI Number
58-2131548
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	CFO - V	☐ Change ☒ Addition
NAME	COATS, BRYANT G		1.2 NAME	JOHN R. WEST	
STREET ADDRESS	3060 PEACHTREE ROAD, NW, SUITE 1150		1.3 STREET ADDRESS	3060 PEACHTREE RD. SUITE 1150	
CITY-ST-ZIP	ATLANTA GA 30305		1.4 CITY-ST-ZIP	ATLANTA GA 30305	
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRADEEN, CHET		2.2 NAME		
STREET ADDRESS	270 PACIFIC HIGHWAY, LEVEL 2		2.3 STREET ADDRESS		
CITY-ST-ZIP	CROWS NEST NSW AUSTRALIA		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COATS, ROBERT B JR		3.2 NAME		
STREET ADDRESS	311 DAWNBROOK DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	FLT ROCK NC 28731		3.4. CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NORTHCUTT, CHARLES W III		4. 2 NAME		
STREET ADDRESS	600 MONUMENT STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	DOTHAN AL 36303		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3/26/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)