

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000006713

FILED
Jan 15, 2009
Secretary of State

Entity Name: RHA/HOUSING, INC.

Current Principal Place of Business:

ONE BUCKHEAD PLAZA, SUITE 900
3060 PEACHTREE RD, NW
ATLANTA, GA 30305

New Principal Place of Business:

Current Mailing Address:

ONE BUCKHEAD PLAZA, SUITE 900
3060 PEACHTREE RD, NW
ATLANTA, GA 30305

New Mailing Address:

ONE BUCKHEAD PLAZA, SUITE 900
3060 PEACHTREE ROAD, NW
ATLANTA, GA 30305

FEI Number: 58-2131548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD () Delete
Name: COATS, BRYANT G
Address: 3060 PEACHTREE ROAD, NW, SUITE 900
City-St-Zip: ATLANTA, GA 30305

Title: D () Delete
Name: BRADEEN, CHET
Address: 1170 BAWDEN CIRCLE
City-St-Zip: BROOKFIELD, WI 53045

Title: CD () Delete
Name: COATS, ROBERT B JR
Address: 330 DAWN BROOK DRIVE
City-St-Zip: FLAT ROCK, NC 28731

Title: SD () Delete
Name: NORTHCUTT, CHARLES W III
Address: 600 MONUMENT STREET
City-St-Zip: DOTHAN, AL 36303

Title: CFOV () Delete
Name: WEST, JOHN R
Address: 3060 PEACHTREE ROAD, NW, SUITE 900
City-St-Zip: ATLANTA, GA 30305

Title: D () Delete
Name: OAKES, HOWARD
Address: 3060 PEACHTREE ROAD, SUITE 910
City-St-Zip: ATLANTA, GA 30305

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: SD (X) Change () Addition
Name: NORTHCUTT, CHARLES W III
Address: 100 CAMILLA DRIVE
City-St-Zip: DOTHAN, AL 36303

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: JOHN R. WEST

CFOV

01/15/2009

Electronic Signature of Signing Officer or Director

_____ Date