## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N15853**

 Entity Name MERRITT ISLAND RHF HOUSING, INC.



## FILED Apr 08, 2005 8:00 am Secretary of State

04-08-2005 90055 044 \*\*\*\*61.25

Mailing Address   Cole #91 NORTH STIDEBAKER ROAD					A STATE OF THE PARTY OF THE PAR				
Sulte, Apl. #, etc.    Sulte, Apl. #, etc.   Sulte, Apl. #, etc.   O1062005   Chg.NP   CR2E037 (10/03)   City & State   Cry & State   Sept. 2721378   Applied for   Next Applicable   Sept.   Max Applied for   Next Applicable   Sept.   Max Applicable   Max Ap	1100 S. COURTENAY PARKWAY C/C		.C/O RHF 911 NORTH S	O RHF 911 NORTH STUDEBAKER ROAD					141 <b>21 P</b> 1 1881
City & State    City & State   City & City & State   City & City & State   City & City	Principal Place of Business     3. Mailing Address								
City & State    City & State   City & City & State   City & City & State   City & City								517 E1631 51511 61211 E161	(110) E( 155)
The Application of Service Address of Current Registered Agent   Service Address of New Registered Agent   Service Address   Service Add	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01062005 Ch	g-NP CR	2E037 (10/03)	
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The SENTICES INC  526 EAST PARK AVE TALLAHASSEE, FL 32301  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.  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.  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.  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.  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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the oblig	City & State		City & State	City & State			8	<del></del>	<u> </u>
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STEET ADDRESS  TRIET		6. Name and Address of Current R	egistered Agent	1		7. Name and Addr	ess of New Registe	·	
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	NIDAL CEDVICES INC				Name				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, types or prince name of registered agent and site if explicable. (NOTE Registered Agent signature required when reinitativity)   DATE	526 EAST PARK AVE			-	Street Address (P.O. Box Number is Not Acceptable)				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature					<u> </u>			17.0.1	
SIGNATURE    SIGNATURE					City			FL   Zip Cook	9
Signature, Nyand or princes name of legislaterial agent and title if appealance Agent signature (NOTE Regislaterial Agent signature) (NOTE Regislaterial Agen									
Trust Fund Contribution.    11.   Added to Fees   Florida Department of State	SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable (NOT	FE: Registered A	gent signature requir	red when reinstating)	D;	ATE	
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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:

GNATURE AND TYPED OR PRINTED MANY OF SIGNING OFFICER OR DIRECTOR

4/4/2005

562-257-5100 Davlume Phone #