

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90092 027 \*\*\*\*61.25

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<b>DOCUMENT # N15853</b> 1. Entity Name <b>MERRITT ISLAND RHF HOUSING, INC.</b>					
Principal Place of Business <b>1100 S. COURTENAY PARKWAY MERRITT ISLAND, FL 32952-3804</b>			Mailing Address <b>C/O RHF 911 NORTH STUDEBAKER ROAD LONG BEACH, CA 90815 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2721378</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	DT		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MASUDA, TOM S		NAME		
STREET ADDRESS	911 NORTH STUDEBAKER ROAD		STREET ADDRESS		
CITY - ST - ZIP	LONG BEACH, CA 90815		CITY - ST - ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POTTER, CHRISTINA E		NAME		
STREET ADDRESS	911 NORTH STUDEBAKER ROAD		STREET ADDRESS		
CITY - ST - ZIP	LONG BEACH, CA 90815		CITY - ST - ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRNKA, JOHN E.		NAME		
STREET ADDRESS	911 NORTH STUDEBAKER ROAD		STREET ADDRESS		
CITY - ST - ZIP	LONG BEACH, CA 90815		CITY - ST - ZIP		
TITLE	S		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LISTOE, LINDA		NAME	S	
STREET ADDRESS	911 NORTH STUDEBAKER ROAD		STREET ADDRESS	STOUFF, DEBORAH	
CITY - ST - ZIP	LONG BEACH, CA 90815		CITY - ST - ZIP	911 NORTH STUDEBAKER ROAD	
TITLE	PD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOSEPH, LAVERNE R.		NAME		
STREET ADDRESS	911 NORTH STUDEBAKER ROAD		STREET ADDRESS		
CITY - ST - ZIP	LONG BEACH, CA 90815		CITY - ST - ZIP		
TITLE	VD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KING, DONALD W		NAME		
STREET ADDRESS	911 NORTH STUDEBAKER ROAD		STREET ADDRESS		
CITY - ST - ZIP	LONG BEACH, CA 90815		CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE: <u>Deborah J. Stouff</u> Deborah J. Stouff</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/30/07 Date	
				562/257-5314 Daytime Phone #	