

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 A
Secretary of State

DOCUMENT # N15853

1. Entity Name
MERRITT ISLAND RHF HOUSING, INC.



Principal Place of Business
**1100 S. COURTENAY PARKWAY
MERRITT ISLAND, FL 32952-3804**

Mailing Address
**C/O RHF 911 NORTH STUDEBAKER ROAD
LONG BEACH, CA 90815 US**



03202008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2721378	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

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

04/22/08-80030-008 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MASUDA, TOM S 911 NORTH STUDEBAKER ROAD LONG BEACH, CA 90815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTTER, CHRISTINA E 911 NORTH STUDEBAKER ROAD LONG BEACH, CA 90815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRNKA, JOHN E. 911 NORTH STUDEBAKER ROAD LONG BEACH, CA 90815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STOUFF, DEBORAH 911 NORTH STUDEBAKER ROAD LONG BEACH, CA 90815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOSEPH, LAVERNE R. 911 NORTH STUDEBAKER ROAD LONG BEACH, CA 90815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KING, DONALD W 911 NORTH STUDEBAKER ROAD LONG BEACH, CA 90815

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IN THIS SPACE**

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.

SIGNATURE: Deborah J. Stouff **Deborah J. Stouff, Secretary** **3-24-08** **562-257-5100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #