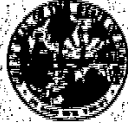


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED); MINIMUM AMOUNT DUE TO REINSTATE: \$295**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 19 AM 10:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N50409 (4)

1. Corporation Name
RESIDENTS COUNCIL OF THE HOUSING AUTHORITY OF THE COUNTY OF FLAGLER, FLORIDA, INC.

Principal Place of Business Mailing Address
414 S BACHER STREET BUNNELL FL 32110 **PO BOX 188 BUNNELL FL 32110-0188 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/17/1992** 3a. Date of Last Report **03/08/1994**
4. FEI Number **59-3167186** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **414 S. Bacher Street** 26 **P.O. Box 188**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **FL** 27 **Bunnell, FL**
City & State City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**

24 **32110** 25 **U.S.A.** 29 **32110-0188** 30 **U.S.A.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ALLEN, THELMA
414 S BACHER ST
BUNNELL FL 32110

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 *Thelma Allen* DATE **July 12, 1995**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	ALLEN, THELMA
STREET ADDRESS	414 S BACHER ST
CITY - ST - ZIP	BUNNELL FL 32110
TITLE	SD
NAME	MORRIS, RUTHIE
STREET ADDRESS	409 S PEACH STREET
CITY - ST - ZIP	BUNNELL FL
TITLE	VD
NAME	HALL, DELORIES
STREET ADDRESS	414 S BACHER ST
CITY - ST - ZIP	BUNNELL FL 32110
TITLE	TD
NAME	NELSON, JACQUELINE
STREET ADDRESS	409 S PEACH STREET
CITY - ST - ZIP	BUNNELL FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Morris, Ruthie
2.3 STREET ADDRESS	414 S. Bacher Street
2.4 CITY - ST - ZIP	Bunnell, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Nelson, Jacqueline
4.3 STREET ADDRESS	414 S. Bacher Street
4.4 CITY - ST - ZIP	Bunnell, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 affidavit.

SIGNATURE: *Michael C. Boyd* *Michael C. Boyd* 7/12/95 904-437-3221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/95)