

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jan 21, 1999 8:00 am**  
**Secretary of State**

01-21-1999 90007 007 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N50409**

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

Principal Place of Business 414 S BACHER STREET BUNNELL FL 32110 US	Mailing Address P. O. BOX 188 BUNNELL FL 32110-0188 US
--	---



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/17/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3167186
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ALLEN, THELMA 414 S BACHER ST BUNNELL FL 32110		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL

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: 1/5/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	ALLEN, THELMA 414 S BACHER ST BUNNELL FL 32110	1.1 TITLE	
TITLE SD	MORRIS, RUTHIE 414 S BACHER STREET BUNNELL FL	2.1 TITLE	
TITLE VD	HALL, DELORIES 414 S BACHER ST BUNNELL FL 32110	3.1 TITLE	
TITLE TD	NELSON, JACQUELINE 414 S. BACHER STREET BUNNELL FL	4.1 TITLE	
TITLE DIRECTOR	BOYD, MICHAEL C 414 S BACHER STREET BUNNELL FL 32110	5.1 TITLE	
TITLE SD	BUNNELL FL 32110	6.1 TITLE	

14. 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 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 address, with all other like empowered.

SIGNATURE: *Michael C. Boyd* DATE: 1/5/99

904-437-3221 Daytime Phone #

CR2E037 (1/98)