

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90386 031 ****61.25

DOCUMENT # N50409
 1. Entity Name Residents Council of the Housing Authority of the County of Flagler, Florida, Inc.

Principal Place of Business Mailing Address
 414 South Bacher Street P.O. Box 188
 Bunnell, FL 32110 Bunnell, FL 32110-0188

LU067470



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3167186		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
Thelma Allen 414 South Bacher Street Bunnell, FL 32110				Name Street Address (P.O. Box Number is Not Acceptable) City			
				FL 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.

X SIGNATURE Thelma Allen April 20, 2001
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to: Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	President	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Ms. Thelma Allen			NAME			
STREET ADDRESS	414 South Bacher Street			STREET ADDRESS			
CITY-ST-ZIP	Bunnell, FL 32110			CITY-ST-ZIP			
TITLE	Vice-President	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Ms. Delories Hall			NAME			
STREET ADDRESS	414 South Bacher Street			STREET ADDRESS			
CITY-ST-ZIP	Bunnell, FL 32110			CITY-ST-ZIP			
TITLE	Secretary	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Ruthie Morris			NAME			
STREET ADDRESS	414 South Bacher Street			STREET ADDRESS			
CITY-ST-ZIP	Bunnell, FL 32110			CITY-ST-ZIP			
TITLE	Asst. Secretary	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Jacqueline Nelson			NAME			
STREET ADDRESS	414 South Bacher Street			STREET ADDRESS			
CITY-ST-ZIP	Bunnell, FL 32110			CITY-ST-ZIP			
TITLE	Member	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Lonnie Allison			NAME			
STREET ADDRESS	414 South Bacher Street			STREET ADDRESS			
CITY-ST-ZIP	Bunnell, FL 32110			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Michael C. Boyd April 20, 2001 (386) 437-3221
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)