

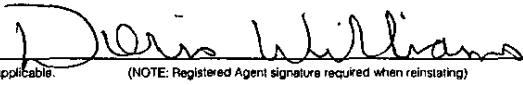
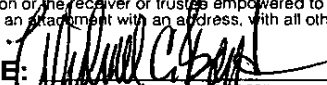


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


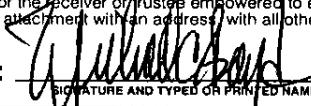
FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90061 029 ****61.25

DOCUMENT # N50409					
1. Entity 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		69002076  01082004 Chg-NP CR2E037 (10/03)	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 59-3167186	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ALLEN, THELMA 414 S BACHER ST BUNNELL, FL 32110			Name Doris Williams		
			Street Address (P.O. Box Number is Not Acceptable) 414 South Bacher Street		
			P.O. Box 188		
			City Bunnell FL Zip Code 32110-0188		
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 <u>Doris Williams</u>				January 9, 2004	
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, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, THELMA MS		NAME	Doris Williams	
STREET ADDRESS	414 S BACHER ST		STREET ADDRESS	414 S. Bacher Street Bunnell, FL 32110	
CITY-ST-ZIP	BUNNELL, FL 32110		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Member	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIDDENS, LIZZIE MAE		NAME	Lizzie Mae Giddens	
STREET ADDRESS	414 S BACHER ST		STREET ADDRESS	414 S. Bacher Street Bunnell, FL 32110	
CITY-ST-ZIP	BUNNELL, FL 32110		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	Member	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, EMILY		NAME	Emily Johnson	
STREET ADDRESS	414 S BACHER ST		STREET ADDRESS	414 S. Bacher Street Bunnell, FL 32110	
CITY-ST-ZIP	BUNNELL, FL 32110		CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NELSON, JACQUELINE		NAME	Mahalia Hill.	
STREET ADDRESS	414 S. BACHER STREET		STREET ADDRESS	414 S. Bacher Street Bunnell, FL 32110	
CITY-ST-ZIP	BUNNELL, FL 32110		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, MICHAEL C		NAME		
STREET ADDRESS	414 S. BACHER ST		STREET ADDRESS		
CITY-ST-ZIP	BUNNELL, FL 32110		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYFIELD, GILYARD		NAME	Rayfield Gilyard	
STREET ADDRESS	414 BACHER ST		STREET ADDRESS	414 S. Bacher Street Bunnell, FL 32110	
CITY-ST-ZIP	BUNNELL, FL 32110		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		January 9, 2004 (386) 437-3221	
Signature and Typed or Printed Name of Signing Officer or Director				Date Daytime Phone #	

Attachment

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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ALLEN, THELMA 414 S BACHER ST 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Doris Williams		January 9, 2004	
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, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ALLEN, THELMA MS 414 S BACHER ST BUNNELL, FL 32110 <input type="checkbox"/> Delete	TITLE	Member Katie Turner 414 S. Bacher Street Bunnell, FL 32110 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D GIDDENS, LIZZIE MAE 414 S BACHER ST BUNNELL, FL 32110 <input type="checkbox"/> Delete	TITLE	Member Patricia Gilyard 414 S. Bacher Street Bunnell, FL 32110 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	MGRM JOHNSON, EMILY 414 S BACHER ST BUNNELL, FL 32110 <input type="checkbox"/> Delete	TITLE	Member Dorothy Cleary 414 S. Bacher Street Bunnell, FL 32110 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	AS NELSON, JACQUELINE 414 S. BACHER STREET BUNNELL, FL 32110 <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D BOYD, MICHAEL C 414 S. BACHER ST BUNNELL, FL 32110 <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D RAYFIELD, GILYARD 414 BACHER ST BUNNELL, FL 32110 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		January 9, 2004 (386) 437-3221	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	

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