


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2007 8:00 am
Secretary of State

07-18-2007 90046 044 ****61.25

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| 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 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| | | 4. FEI Number 59-3167186 | |
| | | Applied For <input type="checkbox"/> 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 | |
| JOHNSON, EMILY 414 S BACHER STREET P.O. BOX 188 BUNNELL, FL 32110-0188 | | 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 <i>Emily L. Johnson</i> | | DATE July 12, 2007 | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | |
| Filing Fee is \$61.25 Due by September 14, 2007 | | 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 | P <input checked="" type="checkbox"/> Delete | TITLE | President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILLIAMS, DORIS | NAME | Emily Johnson |
| STREET ADDRESS | 414 S BACHER STREET | STREET ADDRESS | 414 S Bacher Street |
| CITY-ST-ZIP | BUNNELL, FL 32110 | CITY-ST-ZIP | Bunnell, FL 32110 |
| TITLE | <input checked="" type="checkbox"/> Delete | TITLE | Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GIDDENS, LIZZIE M | NAME | Katie L. Turner |
| STREET ADDRESS | 414 S BACHER ST | STREET ADDRESS | 414 S Bacher Street |
| CITY-ST-ZIP | BUNNELL, FL 32110 | CITY-ST-ZIP | Bunnell, FL 32110 |
| TITLE | C <input checked="" type="checkbox"/> Delete | TITLE | Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHNSON, EMILY | NAME | Patricia Gilyard |
| STREET ADDRESS | 414 S BACHER ST | STREET ADDRESS | 414 S Bacher Street |
| CITY-ST-ZIP | BUNNELL, FL 32110 | CITY-ST-ZIP | Bunnell, FL 32110 |
| TITLE | S <input checked="" type="checkbox"/> Delete | TITLE | Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HILL, MAHALIA | NAME | Dorothy Jones |
| STREET ADDRESS | 414 S. BACHER STREET | STREET ADDRESS | 414 S Bacher Street |
| CITY-ST-ZIP | BUNNELL, FL 32110 | CITY-ST-ZIP | Bunnell, FL |
| TITLE | VP <input checked="" type="checkbox"/> Delete | TITLE | Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GILYARD, RAYFIELD | NAME | Lula Mae Washington |
| STREET ADDRESS | 414 S BACHER STREET | STREET ADDRESS | 414 S Bacher Street |
| CITY-ST-ZIP | BUNNELL, FL 32110 | CITY-ST-ZIP | Bunnell, FL 32110 |
| TITLE | M <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CLEARY, DOROTHY | NAME | |
| STREET ADDRESS | 414 S. BACHER STREET | STREET ADDRESS | |
| CITY-ST-ZIP | BUNNELL, FL | CITY-ST-ZIP | |
| 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: <i>Dorothy Jones</i> | | DATE July 12, 2007 (386) 437-3221 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |