


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**


**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**

**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3167186</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, EMILY  
 414 S BACHER STREET  
 P.O. BOX 188  
 BUNNELL, FL 32110-0188**

**DO NOT WRITE IN THIS SPACE**

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 *Emily Johnson* *Emily Johnson* DATE 1-9-08  
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 May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

00000800904  
 01/31/08-80035-019 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, EMILY 414 S BACHER STREET BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TURNER, KATIE 414 S BACHER ST BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GILYARD, PATRICIA 414 S BACHER ST BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M JONES, DOROTHY 414 S. BACHER STREET BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M WASHINGTON, LULA MAE 414 S BACHER STREET BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CLEARY, DOROTHY 414 S. BACHER STREET BUNNELL, FL

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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: *Michael C. Bay* DATE: 1/9/08 DAYTIME PHONE: 386-437-2221  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR