2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50409

FILED Jul 16, 2009 Secretary of State

Entity Name: RESIDENTS COUNCIL OF THE HOUSING AUTHORITY OF THE COUNTY OF FLAGLER, FLORIDA,

Current Principal Place of Business: New Principal Place of Business:

414 S BACHER STREET BUNNELL, FL 32110

Current Mailing Address:

New Mailing Address:

P. O. BOX 188

JOHNSON, EMILY

Name:

BUNNELL, FL 321100188 US

FEI Number: 59-3167186 FEI Number Applied For () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

FEI Number Not Applicable ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TURNER, KATIE

414 S BACHER STREET BUNNELL, FL 321100188 US

414 S BACHER STREET P.O. BOX 188

BUNNELL, FL 321100188 US

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.

SIGNATURE: KATIE TURNER

07/16/2009 Date

Certificate of Status Desired ()

Electronic Signature of Registered Agent

() Delete

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

(X) Change () Addition

JOHNSON, EMILY TURNER, KATIE Name:

414 S BACHER STREET Address: 414 S BACHER STREET Address: City-St-Zip: BUNNELL, FL 32110 City-St-Zip: BUNNELL, FL 32110

Title: () Delete Title: (X) Change () Addition

TURNER, KATIE Name: ALLEN, THELMA Name: Address: 414 S BACHER ST Address: 414 S BACHER ST City-St-Zip: BUNNELL, FL 32110 City-St-Zip: BUNNELL, FL 32110

Title: () Delete Title: (X) Change () Addition

GILYARD, PATRICIA Name: WILLIAMS, CATHERINE Name: 414 S BACHER ST Address: Address: 414 S BACHER ST City-St-Zip: BUNNELL, FL 32110 City-St-Zip: BUNNELL, FL 32110

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JONES, DOROTHY Name: Name: 414 S. BACHER STREET Address: Address: City-St-Zip: BUNNELL, FL 32110 City-St-Zip:

Title: () Delete Title: () Change () Addition

WASHINGTON, LULA MAE Name: Name: 414 S BACHER STREET Address: Address: City-St-Zip: BUNNELL, FL 32110 City-St-Zip:

Title: () Delete Title: () Change () Addition

CLEARY, DOROTHY Name: Name: Address: 414 S. BACHER STREET Address: BUNNELL, FL City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL C. BOYD E.D. 07/16/2009