

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2010
Secretary of State

DOCUMENT# N50409

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

Current Principal Place of Business:

414 S BACHER STREET
BUNNELL, FL 32110 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 188
BUNNELL, FL 321100188 US

New Mailing Address:

FEI Number: 59-3167186 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TURNER, KATIE
414 S BACHER STREET
BUNNELL, FL 321100188 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: TURNER, KATIE
Address: 414 S BACHER STREET
City-St-Zip: BUNNELL, FL 32110

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: KATIE TURNER

R.AG

03/30/2010

Electronic Signature of Signing Officer or Director

Date