\_\_\_\_\_

Entity Name: MERRITT ISLAND RHF HOUSING, INC.

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### Current Principal Place of Business:

1100 S. COURTENAY PARKWAY MERRITT ISLAND, FL 32952-3804

### **Current Mailing Address:**

C/O RHF 911 NORTH STUDEBAKER ROAD LONG BEACH, CA 90815 US

## FEI Number: 59-2721378

### Name and Address of Current Registered Agent:

NRAI SERVICES, INC 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

h pine island ruad DN, FL 33324 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:

Electronic Signature of Registered Agent

# Officer/Director Detail :

Title	DT	Title	D
Name	HART, DONALD G	Name	POTTER, CHRISTINA E
Address	911 NORTH STUDEBAKER ROAD	Address	911 NORTH STUDEBAKER ROAD
City-State-Zip:	LONG BEACH CA 90815	City-State-Zip:	LONG BEACH CA 90815
Title	D	Title	S
Name	MOYER, DAVID S.	Name	STOUFF, DEBORAH
Address	911 NORTH STUDEBAKER ROAD	Address	911 NORTH STUDEBAKER ROAD
City-State-Zip:	LONG BEACH CA 90815	City-State-Zip:	LONG BEACH CA 90815
Title	PRESIDENT	Title	VD
Title Name	PRESIDENT HARTMAN, STUART	Title Name	VD SEXTON, DARRYL M
Name	HARTMAN, STUART	Name	SEXTON, DARRYL M
Name Address	HARTMAN, STUART 911 NORTH STUDEBAKER ROAD	Name Address	SEXTON, DARRYL M 911 NORTH STUDEBAKER ROAD
Name Address City-State-Zip:	HARTMAN, STUART 911 NORTH STUDEBAKER ROAD LONG BEACH CA 90815	Name Address City-State-Zip:	SEXTON, DARRYL M 911 NORTH STUDEBAKER ROAD LONG BEACH CA 90815
Name Address City-State-Zip: Title	HARTMAN, STUART 911 NORTH STUDEBAKER ROAD LONG BEACH CA 90815 DIRECTOR	Name Address City-State-Zip: Title	SEXTON, DARRYL M 911 NORTH STUDEBAKER ROAD LONG BEACH CA 90815 DIRECTOR
Name Address City-State-Zip: Title Name	HARTMAN, STUART 911 NORTH STUDEBAKER ROAD LONG BEACH CA 90815 DIRECTOR EAST, RAYMOND	Name Address City-State-Zip: Title Name	SEXTON, DARRYL M 911 NORTH STUDEBAKER ROAD LONG BEACH CA 90815 DIRECTOR ETHINGTON, DAVID A 911 NORTH STUDEBAKER ROAD

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: DEBORAH J. STOUFF

Electronic Signature of Signing Officer/Director Detail

CORPORATE SECRETARY 04/07/2021

Date

FILED Apr 07, 2021 Secretary of State 0655768072CC

Certificate of Status Desired: No

Date