

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N50409

**FILED  
Apr 28, 2015  
Secretary of State  
CC5773933762**

**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

**Current Mailing Address:**

P. O. BOX 188  
BUNNELL, FL 32110-0188 US

**FEI Number: 59-3167186**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

TURNER, KATIE  
414 S BACHER STREET  
BUNNELL, FL 32110-0188 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	P
Name	GIPSON, SUSAN
Address	414 S BACHER STREET
City-State-Zip:	BUNNELL FL 32110
Title	S
Name	ALLEN , THELMA
Address	414 S BACHER ST
City-State-Zip:	BUNNELL FL 32110
Title	M
Name	WASHINGTON, LULA MAE
Address	414 S BACHER STREET
City-State-Zip:	BUNNELL FL 32110

Title	VP
Name	TURNER, KATIE
Address	414 S BACHER ST
City-State-Zip:	BUNNELL FL 32110
Title	M
Name	ALLEN, THELMA
Address	414 S. BACHER STREET
City-State-Zip:	BUNNELL FL 32110
Title	M
Name	CLEARY, DOROTHY
Address	414 S. BACHER STREET
City-State-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: SUSAN GIPSON**

**PRESIDENT**

**04/28/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date