

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50409

**FILED
Jan 30, 2013
Secretary of State
CC5466703436**

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: No

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 CROWLEY, CATHERINE
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 S
Name GIPSON, SUSAN
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 WASHINGTON, LULA MAE
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: CATHERINE CROWLEY

PRESIDENT

01/30/2013

Electronic Signature of Signing Officer/Director Detail

Date