

**2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000006214

**FILED**  
**Apr 11, 2014**  
**Secretary of State**  
**CC1481232111**

**Entity Name:** RETIREMENT HOUSING FOUNDATION, INC.

**Current Principal Place of Business:**

911 NORTH STUDEBAKER ROAD  
LONG BEACH, CA 90815-4900

**Current Mailing Address:**

911 NORTH STUDEBAKER ROAD  
LONG BEACH, CA 90815-4900

**FEI Number:** 95-2249495

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PCEO  
Name JOSEPH, LAVERNE R  
Address 911 NORTH STUDEBAKER ROAD  
City-State-Zip: LONG BEACH CA 90815

Title S  
Name STOUFF, DEBORAH  
Address 911 NORTH STUDEBAKER ROAD  
City-State-Zip: LONG BEACH CA 90815

Title S  
Name SCHULTZ, HAROLD SJR.  
Address 911 NORTH STUDEBAKER ROAD  
City-State-Zip: LONG BEACH CA 90815

Title TD  
Name MASUDA, TOM  
Address 911 NORTH STUDEBAKER ROAD  
City-State-Zip: LONG BEACH CA 90815

Title VC  
Name POTTER, CHRISTINA E  
Address 911 NORTH STUDEBAKER ROAD  
City-State-Zip: LONG BEACH CA 90815

Title DC  
Name SEXTON, DARRYL M  
Address 911 NORTH STUDEBAKER ROAD  
City-State-Zip: LONG BEACH CA 90815

*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

**SECRETARY**

**04/11/2014**

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

\_\_\_\_\_  
Date