FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **766220** **(8)**

1. Corporation Name

RHA-BORROWER CORP.

Principal Place of Business	Mailing Address
1501 N. BELCHER ROAD CLEARWATER FL 34625	1501 N. BELCHER ROAD CLEARWATER FL 34625

3. Date Incorporated or Qualified: **12/21/1982**

3a. Date of Last Report: **01/31/1995**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: **59-2244936** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BUCKLEY, THOMAS J
1501 N. BELCHER RD.
CLEARWATER FL 34625

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	SMITH, MARION P.		12 NAME		
STREET ADDRESS	1884 OAKDALE LN NO.		13 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		14 CITY-ST-ZIP		
TITLE	S	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	BUCKLEY, THOMAS		22 NAME		
STREET ADDRESS	6402 BROOK HOLLOW CT		23 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		24 CITY-ST-ZIP		
TITLE	T	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	LEWIS, MICHAEL		32 NAME		
STREET ADDRESS	1733 PINE CRK CT		33 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	GAMBLE, CHARLES		42 NAME		
STREET ADDRESS	1722 HICKORY GATE DR S.		43 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	JAMIESON, HARRY		52 NAME		
STREET ADDRESS	301 JASMINE WAY		53 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		54 CITY-ST-ZIP		
TITLE	D	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	ALLISON, ROBERT		62 NAME		
STREET ADDRESS	330 PROMENADE DR.		63 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL		64 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 01/23/96 (813) 799-3330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #