


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 768977 1. Entity Name TALLAHASSEE RHF HOUSING, INC.	
---	---

Principal Place of Business 1433 NO ADAMS STR TALLAHASSEE, FL 32303-5562 US	Mailing Address C/O RHF 911 STUDEBAKER RD LONG BEACH, CA 90815-4900 US
---	--

DO NOT WRITE IN THIS SPACE



03202008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2314057	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE
 SUITE 4
 WESTON, FL 33331

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000876533
 04/11/08-90076-014 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOSEPH, LAVERNE R 911 N STUDEBAKER ROAD LONG BEACH, CA 908154900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MASUDA, TOM S 911 N STUDEBAKER ROAD LONG BEACH, CA 908154900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KING, DONALD W 911 N STUDEBAKER RD LONG BEACH, CA 908154900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTTER, CHRISTINA 911 N STUDEBAKER RD LONG BEACH, CA 908154900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STOUFF, DEBORAH 911 N STUDEBAKER RD LONG BEACH, CA 908154900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRNKA, JOHN 911 N STUDEBAKER RD LONG BEACH, CA 908154900

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Deborah J. Stouff* Deborah J. Stouff, Secretary **3-24-08** **562-257-5100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #