


2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 31, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F00000006214</b>		
1. Entity Name RETIREMENT HOUSING FOUNDATION, INC.		
Principal Place of Business 911 NORTH STUDEBAKER ROAD LONG BEACH, CA 90815-4900	Mailing Address 911 NORTH STUDEBAKER ROAD LONG BEACH, CA 90815-4900	



03202008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 95-2249495	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	<b>DO NOT WRITE IN THIS SPACE</b>
--	-----------------------------------

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

U000000876201  
04/11/08-80063-011 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO JOSEPH, LAVERNE R 911 NORTH STUDEBAKER ROAD LONG BEACH, CA 90815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STOUFF, DEBORAH 911 NORTH STUDEBAKER ROAD LONG BEACH, CA 90815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAWATA, TERUO 911 NORTH STUDEBAKER ROAD LONG BEACH, CA 90815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MASUDA, TOM 911 NORTH STUDEBAKER ROAD LONG BEACH, CA 90815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC POTTER, CHRISTINA E 911 NORTH STUDEBAKER ROAD LONG BEACH, CA 90815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC KING, DONALD W 911 NORTH STUDEBAKER ROAD LONG BEACH, CA 90815

**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 #