

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006103

FILED  
Feb 20, 2007  
Secretary of State

Entity Name: RHA/AFFORDABLE HOUSING III, INC.

## Current Principal Place of Business:

3060 PEACHTREE ROAD, NW  
ONE BUCKHEAD PLAZA, SUITE 900  
ATLANTA, GA 30305

## New Principal Place of Business:

## Current Mailing Address:

3060 PEACHTREE ROAD, NW  
ONE BUCKHEAD PLAZA, SUITE 900  
ATLANTA, GA 30305

## New Mailing Address:

FEI Number: 58-2440916      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: COATS, BRYANT G  
Address: 3060 PEACHTREE RD NW, STE 900  
City-St-Zip: ATLANTA, GA 30305

Title: EVPD ( ) Delete  
Name: SIMMONS, GORDON  
Address: 17 CHURCH STREET  
City-St-Zip: ASHEVILLE, NC 28801

Title: SD ( ) Delete  
Name: NORTHCUTT III, CHARLES W  
Address: 600 MONUMENT STREET  
City-St-Zip: DOTHAN, AL 36303

Title: CFOV ( ) Delete  
Name: WEST, JOHN  
Address: 3060 PEACHTREE RD NW, STE 900  
City-St-Zip: ATLANTA, GA 30305

Title: CD ( ) Delete  
Name: COATS JR, ROBERT B  
Address: 330 DAWN BROOK DR.  
City-St-Zip: FLAT ROCK, NC 28731

Title: D ( ) Delete  
Name: OAKES, HOWARD  
Address: 3060 PEACHTREE ROAD, NW, SUITE 910  
City-St-Zip: ATLANTA, GA 30305

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN WEST

CFO

02/20/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date