2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# F99000006103

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 DAWNBROOK 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:	SD	(X) Change ( ) Addition
Name:	NORTHCUTT III, CHARLES W	
Address:	100 CAMELLIA DRIVE	
City-St-Zip:	DOTHAN, AL 36303	
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 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 R. WEST CFOV 01/27/2009

Electronic Signature of Signing Officer or Director — Date