

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90102 012 \*\*\*\*61.25

**DOCUMENT # N00000005474**

1. Entity Name  
**DELAND RHF HOUSING, INC.**



Principal Place of Business  
**526 E PARK AVENUE  
TALLAHASSEE, FL 32310**

Mailing Address  
**C/O RHF  
911 N. STUEBAKER RD  
LONG BEACH, CA 90815-4900**



2. Principal Place of Business

3. Mailing Address

**C/O RHF**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**911 N. STUEBAKER RD**

03222006

Chg-NP

CR2E037 (11/05)

City & State

City & State  
**LONG BEACH, CA**

4. FEI Number  
**91-2121492**

Applied For  
Not Applicable

Zip

Country

Zip

**90815-4900**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME JOSEPH, LAVERNE R  
STREET ADDRESS 911 N. STUEBAKER RD  
CITY-ST-ZIP LONG BEACH, CA 908154900

TITLE PD ☒ Change ☐ Addition  
NAME JOSEPH, LAVERNE R  
STREET ADDRESS 911 N. STUEBAKER RD  
CITY-ST-ZIP LONG BEACH, CA 908154900

TITLE VD ☐ Delete  
NAME KING, DONALD W  
STREET ADDRESS 911 N. STUEBAKER RD  
CITY-ST-ZIP LONG BEACH, CA 908154900

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME LISTOE, LINDA  
STREET ADDRESS 911 N. STUEBAKER RD  
CITY-ST-ZIP LONG BEACH, CA 908154900

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DT ☐ Delete  
NAME MASUDA, TOM S  
STREET ADDRESS 911 N. STUEBAKER RD  
CITY-ST-ZIP LONG BEACH, CA 908154900

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME VON RUSTEN, JOHN  
STREET ADDRESS 911 N. STUEBAKER RD  
CITY-ST-ZIP LONG BEACH, CA 908154900

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME TRNKA, JOHN E  
STREET ADDRESS 911 N. STUEBAKER RD  
CITY-ST-ZIP LONG BEACH, CA 908154900

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Linda Listoe* Linda Listoe  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04/06/2006*  
Date

(562) 257-5100  
Daytime Phone #