

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # N35364

(1)

1. Corporation Name

RHA/FERN PARK MR, INC.

Principal Place of Business

3060 PEACHTREE RD. NW. STE 1150
ATLANTA GA 30305

Mailing Address

3060 PEACHTREE RD. NW. STE 1150
ATLANTA GA 30305



3. Date Incorporated or Qualified
11/21/1989

3a. Date of Last Report
11/01/1995

4. FEI Number
58-1869282

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVS
NAME COATS, BRYANT G.
STREET ADDRESS 3060 PEACHTREE RD. N.W. #1150
CITY-ST-ZIP ATLANTA GA

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME OAKES, HOWARD
STREET ADDRESS 5901 B. P HEE DUNWOODY RD. #500
CITY-ST-ZIP ATLANTA GA

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 1932 N. Druid Hills Rd
2.4 CITY-ST-ZIP ATLANTA GA 30319

TITLE DP
NAME COATS, ROBERT B.
STREET ADDRESS 4318 DOWNTOWNER LOOP N. #T
CITY-ST-ZIP MOBILE AL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 311 Dawnbrook Dr.
3.4 CITY-ST-ZIP Flat Rock NC 28731

TITLE D
NAME WALKER, WILLIAM P.
STREET ADDRESS RT 3 BOX 208
CITY-ST-ZIP DADEVILLE AL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME NORTHCUTT, CHARLES III
STREET ADDRESS 305 NORTHEAST STREET
CITY-ST-ZIP DOTHAN AL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME BRADEEN, CHET
STREET ADDRESS 3240 W. HENDERSON RD.
CITY-ST-ZIP COLUMBUS OH

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRYANT Coats 3/12/96 404
DVS 364-2900

CR2E037 (12/95)