2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 20, 2004 8:00 am Secretary of State 01-20-2004 90061 029 ****61.25

DOCUMENT # N50409 1. Entity Name RESIDENTS COUNCIL OF THE HOUSING AUTHORITY OF THE COUNTY OF FLAGLER, FLORIDA, INC.						01-20-2004 90001 029 *** 01.23					
Principal Place of Business 414 S BACHER STREET BUNNELL, FL 32110 US Malling Address P. O. BOX 188 BUNNELL, FL 32110-018				1		FEE23001 NO+ 1 ((1)			 		
Principal Place of Business 3. Mailing Address											
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01082004 Chg-NP CR2E037 (10/03)						
City & State		City & State				4. FEI Number Applier 59-3167186 Not Ap					
Zip	Country Zip		Coun	ntry		5. Certificate of Status Desired S8.75 Add Fee Require					
	6. Name and Address of Currer	nt Registered Agent				7. Name and Add		legistered Agent			
ALLEN, TH	-	Name Doris Williams									
414 S BAC BUNNELL	-	Street Address (P.O. Box Number is Not Acceptable) 414 South Bacher Street									
					P.0.	0. Box 188					
÷					Bunnell FL Zip Code 32110-						
the obligat	named entity submits this statement ions of registered agent.	for the purpose of changing its	registered	d office or	registered	d agent, or both, in	the State of Flo	orida. I am familiar with,	and accept		
SIGNATURE .	Doris Williams	TV)	January 9, 2004								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
	Signature, typeo or printed name of registered agr	ent and title if applicable. (NOT	E: Registered	Agent signatu	re required w	nen reinstating)		DATE			
	Filling Fee is \$61.25 Due by May 1, 2004	9. Election Car Trust Fund (mpaign Fir	nancing		55.00 May Be		Jake check payable to			
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12. I hereby certify that the information supplied with his filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 trusted 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 attackment with an approach, with all other like empowered.

SIGNATURE:

MIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

January 9, 2004

(386) 437-3221

Date

Daytime Phone #

Attachment

2004 NOT-FOR-PROFIT CORPORATION

DOCUMENT N50409 RESIDENTS COUNCIL OF THE HOUSING AUTHORITY OF THE COUNTY OF FLAGLER, FLORIDA, INC. Principal Place of Business	ANNUAL REPORT													
414 S BACHER STREET BUNNELL, FL 32110 South April # etc. South A	1. Entity Name RESIDENTS COUNCIL OF THE HOUSING AUTHORITY													
Sulle Apt #. etc. Sulle Apt #. etc. Sulle	414 S BACHER STREET			P. 0.	P. O. BOX 188				24002012					
City & State Ci	2. Principal F	lace of Busin	ness	3. Mail	3. Mailing Address									
Sp. 3167186 New Application Sp. 3167186 New Application Sp. 3167186 New Application Sp. 3167186 New Application Sp. 3167186	Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				01082004 Chg-NP CR2E037 (10/03)					
S. Name and Address of Current Registered Agent ALLEN, THELMA 414 S BACKER ST BUNNELL, FL 32110 Sreet Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address of New Registered Agent Attach In the State of Fords. In the State of Fords and Street Agent A	City & State			Cit	City & State				E0 3467496					
ALLEN, THELMA 414 S BACHER ST BUNNELL, FL 32110 City FL Zip Code	Zip	Country Zip)	Cot	untry		5. Certificate of Status Desired Sta					
ALLEN, THELMA 414 S BACHER ST BUNNELL, FL 32110 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Florida. I am familiar with, and accept the collegation of registered agent, or both, in the State of Resistance agent. Interpolation of Policy of Policy of Florida. I am familiar with, and accept the policy of P		6. Name	and Address of Curre	nt Registere	d Agent				7. Name and Add	ress of New I	Registered A	gent		
E. 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	414 S BACHER ST													
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The purpose of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The purpose of the purpose of the purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept the both purpose of registered agent. The purpose of registered agent with a section of the purpose of registered agent. The purpose of registered agent and the registere	;						City				FL	Zip Cod	е	
SIGNATURE Doris Williams Williams	8. The above the obligat	named entitions of regis	y submits this statement tered agent.	t for the purpo	ose of changing its	register	ed office o	register	red agent, or both, in	the State of F		.l miliar with,	and accept	
Due by May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State	SIGNATURE Doris Williams Dais Williams January 9, 2004													
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