## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Michael C. Boyd

## FILED Jul 14, 2006 8:00 am Secretary of State

7-11-06 (386) 437-3221

| DOCUMENT # N50409  1. Entity Name RESIDENTS COUNCIL OF THE HOUSING AUTHORITY OF THE COUNTY OF FLAGLER, FLORIDA, INC.  |   |   |                         |                                  |  |   |   | 07-14-2006 90022 016 ****61.65   |  |                                       |                |  |                                     |  |
|---|---|---|-------------------------|----------------------------------|--|---|---|--|--|---------------------------------------|----------------|--|-------------------------------------|--|
| 414 S BACHER STREET P. O.   |   |   |                         | ddress<br>X 188<br>L, FL 32110-0 | 0188 U   | s   |   |  |  |                                       |                |  |                                     |  |
| 2. Principal Place of Business 3. I   |   |   |                         | 3. Mailing Address               |  |   |   |  |  |                                       |                |  |                                     |  |
| Suite, Apt. #, etc.   |   |   | Suite, Apt. #, etc.     |                                  |  |   |   | 07112006   | Chg-NP   |                                       | CR2E0          | 37 (4/06   | 3)                                  |  |
| City & State  |   |   | City &                  | City & State                     |  |   |   | 4. FEI Numbe<br>59-316   |  |                                       |                |  |                                     | lied For<br>Applicable   |
| Zip Country   |   |   | Zip                     | Zip Cou                          |  |   |   |  |  |                                       |                |  |                                     |  |
|   | 6. Name   | and Address of Current  | Registered A            | gent -                           |  |   | -   | 7Name and  | Address of   | New Regi                              | stered A       | \gent  | _                                   |  |
| AAALI LA MAS  | DODIC:  |   |                         |                                  |  | Name  | E   | mily Joh   | nson   |                                       |                |  |                                     |  |
| WILLIAMS, DORIS 414 S BACHER STREET P.O. BOX 188  |   |   |                         |                                  |  | Street A  |   | P.O. Box Number  |  |                                       | eet            |  |                                     |  |
| BUNNELL   |   | 0-0188  |                         |                                  |  |   | P.O. Box 188  |  |  |                                       |                |  |                                     |  |
|   |   |   |                         |                                  |  | City  | В   | unnell   |  |                                       | FL             | Zig S  | ode<br>11                           | 0-0188   |
| 8. The above  | named entit   | y submits this statement fo   | or the purpose          | of changing its                  | register   | ed office o   | register  | ed agent, or bot   | h, in the State  | of Florida                            | a. lami        | amiliar wi   | ith, a                              | nd accept  |
| .,  | none or region  | ioroo agent.  |                         |                                  | CP   | 11  | $\cap$  | 11   |  |                                       |                |  |                                     |  |
| SIGNATURE   | Emily   | Johnson, Cha  | irman                   |                                  | Q1   | uly   | · <i>Y</i>  | ourso  | 7C   |                                       |                | 7-1  | 1-                                  | 06   |
|   | Signature, typed  | or printed name of registered agent   | and title if applicable | e. (NOTI                         | Registere  | d Agentalgnat   | ure required  | when reinstating)  |  |                                       | DATE           |  |                                     |  |
| • • • • • • • • •   |   |   |                         |                                  | ampaign Financing Contribution.  |   |   | \$5.00 May Be Added to Fees Make check payable to Florida Department of State  |  |                                       |                |  |                                     |  |
| D   | _   |   |                         |                                  |  | _   |   |  | 9  |                                       |                |  |                                     |  |
| D 10.   | ue by Sep   |   |                         | Trust Fund C                     |  | _   |   |  |  | Florida                               | Depart         | tment of   | Sta                                 | ite  |
| 10.   | ue by Sep   | OFFICERS AND DI   |                         |                                  | 11.  | ion.  | ⊔<br>Chai   | Added to Fees  DDITIONS/CHA  rman  | ANGES TO O   | Florida                               | Depart         | tment of   | Sta                                 | ite  |
| 10.<br>TITLE<br>NAME  | P<br>WILLIAMS   | OFFICERS AND DIES. DORIS  |                         | Trust Fund C                     | 11. TITLE  | ion.  | ∟<br>Chai<br>Emil   | Added to Fees  DDITIONS/CHA  rman  y Johnso  | ANGES TO O   | FICERS                                | AND DIF        | RECTORS  | Sta                                 | ite  |
| 10.   | P<br>WILLIAMS<br>414 S BA   | OFFICERS AND DI   |                         | Trust Fund C                     | 11. TITLE NAMI   | ion.  | ∟<br>Chai<br>Emil   | Added to Fees  DDITIONS/CHA  rman  | ANGES TO O   | FICERS                                | AND DIF        | RECTORS  | SIN 1                               | O Addition   |
| 10.<br>TITLE<br>NAME<br>STREET ADDRESS  | P<br>WILLIAMS<br>414 S BAI<br>BUNNELL   | OFFICERS AND DIE<br>OFFICERS AND DIE<br>S, DORIS<br>CHER STREET   |                         | Trust Fund C                     | 11. TITLE NAMI STRE CITY   | E<br>E<br>ET ADDRESS<br>-SI-ZIP   | Chai<br>Emil<br>414   | Added to Fees DDITIONS/CHA rman y Johnso South Ba  | anges to o   | FICERS                                | AND DIF        | RECTORS  | SIN 1                               | O Addition   |
| 10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  | P<br>WILLIAMS<br>414 S BAI<br>BUNNELL   | OFFICERS AND DIE OFFICERS AND DIE S, DORIS CHER STREET _, FL 32110 S, LIZZIE M  |                         | Trust Fund C                     | 11. TITLE NAMI STRE CITY TITLE NAM   | E<br>E<br>ET ADDRESS<br>-SI-ZIP   | Chai<br>Emil<br>414<br>Vice<br>Kati   | Added to Fees DDITIONS/CHA  rman y Johnso South Ba   | on acher S   | Florida<br>FFICERS<br>treet           | AND DIF        | TRECTORS  Change  nnell  Change  | SIN 1                               | DO Addition  FL Addition   |
| 10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  | P<br>WILLIAMS<br>414 S BAI<br>BUNNELL<br>,<br>GIDDENS<br>414 S BAI  | OFFICERS AND DIE OFFICERS AND DIE S, DORIS CHER STREET _, FL 32110 S, LIZZIE M  |                         | Trust Fund C                     | 11. TITLE NAMI STRE CITY TITLE NAMI STRE   | E<br>E<br>ET ADDRESS<br>-SI-ZIP   | Chai<br>Emil<br>414<br>Vice<br>Kati   | Added to Fees DDITIONS/CHA rman y Johnso South Ba  | on acher S   | Florida<br>FFICERS<br>treet           | AND DIF        | TRECTORS  Change  nnell  Change  | SIN 1                               | DO Addition  FL Addition   |
| 10.  JITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | P WILLIAMS 414 S BAI BUNNELL , GIDDENS 414 S BAI BUNNELL  | OFFICERS AND DIE  OFFICERS AND DIE  S, DORIS  CHER STREET  _, FL 32110  S, LIZZIE M  CHER ST _, FL 32110  |                         | Trust Fund C                     | 11. TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE TITLE TITLE TITLE  | E E ET ADDRESS -SI-ZIP E E E ADDRESS -SI-ZIP  | Chai<br>Emil<br>414<br>Vice<br>Kati<br>414  | Added to Fees DDITIONS/CH/ rman y Johnso South Ba e-Chairma e Turner South Ba per  | an acher S   | Florida<br>FFICERS<br>treet           | AND DIF        | TRECTORS  Change  nnell  Change  | SIN 1                               | DO Addition  FL Addition   |
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