



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

07-14-2006 90022 016 \*\*\*\*61.65

<b>DOCUMENT # N50409</b>					
<b>1. Entity Name</b> RESIDENTS COUNCIL OF THE HOUSING AUTHORITY OF THE COUNTY OF FLAGLER, FLORIDA, INC.					
<b>Principal Place of Business</b> 414 S BACHER STREET BUNNELL, FL 32110 US			<b>Mailing Address</b> P. O. BOX 188 BUNNELL, FL 32110-0188 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3167186	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
WILLIAMS, DORIS 414 S BACHER STREET P.O. BOX 188 BUNNELL, FL 32110-0188			Name <b>Emily Johnson</b> Street Address (P.O. Box Number is Not Acceptable) 414 South Bacher Street P.O. Box 188 City <b>Bunnell</b> <b>FL</b> Zip Code <b>32110-0188</b>		
<b>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.</b>					
SIGNATURE <u>Emily Johnson, Chairman</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			 <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <u>7-11-06</u>
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, DORIS		NAME	Emily Johnson	
STREET ADDRESS	414 S BACHER STREET		STREET ADDRESS	414 South Bacher Street	
CITY-ST-ZIP	BUNNELL, FL 32110		CITY-ST-ZIP	Bunnell, FL	
TITLE	G	<input checked="" type="checkbox"/> Delete	TITLE	Vice-Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GIDDENS, LIZZIE M		NAME	Katie Turner	
STREET ADDRESS	414 S BACHER ST		STREET ADDRESS	414 South Bacher Street	
CITY-ST-ZIP	BUNNELL, FL 32110		CITY-ST-ZIP	Bunnell, FL	
TITLE	M	<input checked="" type="checkbox"/> Delete	TITLE	Member <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, EMILY		NAME	Dorothy Cleary	
STREET ADDRESS	414 S BACHER ST		STREET ADDRESS	414 South Bacher Street	
CITY-ST-ZIP	BUNNELL, FL 32110		CITY-ST-ZIP	Bunnell, FL	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Member <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILL, MAHALIA		NAME	Lula Mae Washington	
STREET ADDRESS	414 S. BACHER STREET		STREET ADDRESS	414 South Bacher Street	
CITY-ST-ZIP	BUNNELL, FL 32110		CITY-ST-ZIP	Bunnell, FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Member <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILYARD, RAYFIELD		NAME	Dorothy Jones	
STREET ADDRESS	414 S BACHER STREET		STREET ADDRESS	414 South Bacher Street	
CITY-ST-ZIP	BUNNELL, FL 32110		CITY-ST-ZIP	Bunnell, FL	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>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 lists empowered.</b>					
<b>SIGNATURE:</b> <u>Michael C. Boyd</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>7-11-06</u> (386) 437-3221 <small>Daytime Phone #</small>		