



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2007 8:00 am
Secretary of State

07-18-2007 90046 044 ****61.25

DOCUMENT # N50409 1. Entity Name RESIDENTS COUNCIL OF THE HOUSING AUTHORITY OF THE COUNTY OF FLAGLER, FLORIDA, INC.					
Principal Place of Business 414 S BACHER STREET BUNNELL, FL 32110 US			Mailing Address P. O. BOX 188 BUNNELL, FL 32110-0188 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3167186	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, EMILY 414 S BACHER STREET P.O. BOX 188 BUNNELL, FL 32110-0188				7. Name and Address of New Registered Agent 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 <i>Emily L. Johnson</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE July 12, 2007 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, DORIS 414 S BACHER STREET BUNNELL, FL 32110	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Emily Johnson 414 S Bacher Street Bunnell, FL 32110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GIDDENS, LIZZIE M 414 S BACHER ST BUNNELL, FL 32110	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Katie L. Turner 414 S Bacher Street Bunnell, FL 32110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JOHNSON, EMILY 414 S BACHER ST BUNNELL, FL 32110	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Patricia Gilyard 414 S Bacher Street Bunnell, FL 32110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HILL, MAHALIA 414 S. BACHER STREET BUNNELL, FL 32110	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Dorothy Jones 414 S Bacher Street Bunnell, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILYARD, RAYFIELD 414 S BACHER STREET BUNNELL, FL 32110	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Lula Mae Washington 414 S Bacher Street Bunnell, FL 32110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CLEARY, DOROTHY 414 S. BACHER STREET BUNNELL, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date July 12, 2007 (386) 437-3221 <small>Daytime Phone #</small>		