

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

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**



01082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3167186

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**DO NOT WRITE
IN THIS SPACE**

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

Emily Johnson
(NOTE: Registered Agent signature required when reinstating)

1-9-08
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**00000800904
01/31/08-80035-019 70.00**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **JOHNSON, EMILY**
STREET ADDRESS **414 S BACHER STREET**
CITY-ST-ZIP **BUNNELL, FL 32110**

TITLE **VP**
NAME **TURNER, KATIE**
STREET ADDRESS **414 S BACHER ST**
CITY-ST-ZIP **BUNNELL, FL 32110**

TITLE **S**
NAME **GILYARD, PATRICIA**
STREET ADDRESS **414 S BACHER ST**
CITY-ST-ZIP **BUNNELL, FL 32110**

TITLE **M**
NAME **JONES, DOROTHY**
STREET ADDRESS **414 S. BACHER STREET**
CITY-ST-ZIP **BUNNELL, FL 32110**

TITLE **M**
NAME **WASHINGTON, LULA MAE**
STREET ADDRESS **414 S BACHER STREET**
CITY-ST-ZIP **BUNNELL, FL 32110**

TITLE **M**
NAME **CLEARY, DOROTHY**
STREET ADDRESS **414 S. BACHER STREET**
CITY-ST-ZIP **BUNNELL, FL**

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone