

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90251 029 \*\*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3167186**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALLEN, THELMA  
414 S BACHER ST  
BUNNELL FL 32110**

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

*Thelma Allen*

*THELMA ALLEN*

*4/28/03*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 PD ☐ Delete  
NAME ALLEN, THELMA MS  
STREET ADDRESS 414 S BACHER ST  
CITY-ST-ZIP BUNNELL FL 32110

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DS ☒ Delete  
NAME MORRIS, RUTHIE  
STREET ADDRESS 414 S BACHER STREET  
CITY-ST-ZIP BUNNELL FL 32110

TITLE ☒ Change ☐ Addition  
NAME LIZZIE MAE GIDDENS  
STREET ADDRESS 414 S. BACHER ST.  
CITY-ST-ZIP BUNNELL, FLA 32110

TITLE MGRM ☐ Delete  
NAME JOHNSON, EMILY  
STREET ADDRESS 414 S BACHER ST  
CITY-ST-ZIP BUNNELL FL 32110

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☐ Delete  
NAME NELSON, JACQUELINE  
STREET ADDRESS 414 S. BACHER STREET  
CITY-ST-ZIP BUNNELL FL 32110

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BOYD, MICHAEL C  
STREET ADDRESS 414 S. BACHER ST  
CITY-ST-ZIP BUNNELL FL 32110

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE M ☒ Delete  
NAME ALLISON, LONNIE  
STREET ADDRESS 414 SOUTH BACHER STREET  
CITY-ST-ZIP BUNNELL FL 32110

TITLE ☒ Change ☐ Addition  
NAME D. RAYFIELD GILYARD  
STREET ADDRESS 414 S. BACHER ST.  
CITY-ST-ZIP BUNNELL, FLA 32110

12. I hereby certify that the information supplied with this 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 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: *Michael C. Boyd* *4-28-03* *386-437-374*

CR2E037 (10/02)