

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000099 (9)

1. Corporation Name

RHA COMMUNITY HOMES, INC.

Principal Place of Business

1200 S PINE ISLAND RD
PLANTATION FL 33324

Mailing Address

1200 S PINE ISLAND RD
PLANTATION FL 33324

2. Principal Place of Business

21 3060 Peachtree Rd

Suite, Apt. #, etc.

22 1150

City & State

23 ATLANTA GA

Zip

24 30305

Country

25 USA

2a. Mailing Address

26 3060 Peachtree Rd

Suite, Apt. #, etc.

27 # 1150

City & State

28 ATLANTA GA

Zip

29 30305

Country

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

30305

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1996

3a. Date of Last Report

4. FEI Number

58-2287349

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Applicable)
500002317655-0

83 -10/10/97-01094-002

84 *****61.25 *****61.25

85 City

FL

86 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
COATS, BRYANT G
STREET ADDRESS 3060 PEACHTREE RD NW SUITE 1150
CITY-ST-ZIP ATLANTA GA 30305

TITLE ☐ DELETE

NAME D
OAKES, HOWARD
STREET ADDRESS 1832 N DRUID HILLS RD NE SUITE 200
CITY-ST-ZIP ATLANTA GA 30319

TITLE ☐ DELETE

NAME D
COATS, ROBERT B JR
STREET ADDRESS 311 DAWN BROOK DR
CITY-ST-ZIP FLT ROCK NC 28731

TITLE ☐ DELETE

NAME D
WALKER, WILLIAM P
STREET ADDRESS 224 QUAIL LN LAKE MARTIN
CITY-ST-ZIP DADEVILLE FL 38853

TITLE ☐ DELETE

NAME D
BRADEEN, CHET H
STREET ADDRESS 79 HIGH ST ETON
CITY-ST-ZIP WINDSOR BERKSHIRE SL46AF UK

TITLE ☐ DELETE

NAME D
NORTHCUTT, CHARLES W III
STREET ADDRESS 305 NE ST
CITY-ST-ZIP DOTHAN AL 36302

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with my address.

SIGNATURE _____ DATE _____

CP2E037 (4/97)