


FILE NOW: FILING FEE IS \$61.25

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Mar 04, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000000099					
1. Corporation Name RHA COMMUNITY HOMES, INC.					
Principal Place of Business 3060 PEACHTREE RD. 1150 ATLANTA GA 30305			Mailing Address 3060 PEACHTREE RD. 1150 ATLANTA GA 30305		



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 01/02/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 58-2287349	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		Trust Fund Contribution	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				85 Zip Code	
				FL	

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	CEO/President/Director <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COATS, BRYANT G			1.2 NAME			
STREET ADDRESS	3060 PEACHTREE RD NW SUITE 1150			1.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30305			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OAKES, HOWARD			2.2 NAME			
STREET ADDRESS	1932 N DRUID HILLS RD NE SUITE 200			2.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30319			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	Chairman/Director <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COATS, ROBERT B JR			3.2 NAME			
STREET ADDRESS	311 DAWN BROOK DR			3.3 STREET ADDRESS			
CITY-ST-ZIP	FLT ROCK NC 28731			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALKER, WILLIAM P			4.2 NAME			
STREET ADDRESS	224 QUAIL LN LAKE MARTIN			4.3 STREET ADDRESS			
CITY-ST-ZIP	DADEVILLE FL 36853			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRADEEN, CHET H			5.2 NAME			
STREET ADDRESS	79 HIGH ST ETON			5.3 STREET ADDRESS			
CITY-ST-ZIP	WINDSOR BERKSHIRE SL46AF UK			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NORTHCUTT, CHARLES W III			6.2 NAME			
STREET ADDRESS	305 NE ST			6.3 STREET ADDRESS			
CITY-ST-ZIP	DOTHAN AL 36302			6.4 CITY-ST-ZIP			

14. 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 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 on Block 12 or Block 13 if changed, or on an attachment with an address with all other the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)