

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000000099

**Entity Name:** RHA COMMUNITY HOMES, INC.**Current Principal Place of Business:**ATTN: PETER M. WRIGHT  
1819 PEACHTREE ROAD, NE SUITE 450  
ATLANTA, GA 30309**Current Mailing Address:**ATTN: PETER M. WRIGHT  
1819 PEACHTREE ROAD, NE SUITE 450  
ATLANTA, GA 30309 US**FEI Number: 58-2287349****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**Title DIRECTOR, EXECUTIVE VP  
Name COATS, BRYANT G  
Address 1819 PEACHTREE ROAD, NE  
SUITE 450  
City-State-Zip: ATLANTA GA 30309Title DIRECTOR, VP, ASSISTANT  
SECRETARY  
Name NORTHCUTT, CHASE  
Address 1819 PEACHTREE ROAD, NE  
SUITE 450  
City-State-Zip: ATLANTA GA 30309Title PRESIDENT, CEO  
Name SIMMONS, GORDON  
Address 17 CHURCH STREET  
City-State-Zip: ASHEVILLE NC 28801Title VP  
Name ASHLEY, HEATHER-DAWN  
Address 1819 PEACHTREE ROAD, NE  
SUITE 450  
City-State-Zip: ATLANTA GA 30309Title DIRECTOR, CFO, TREASURER,  
EXECUTIVE VP, ASSISTANT  
SECRETARY  
Name WEST, JOHN R  
Address 1819 PEACHTREE ROAD, NE  
SUITE 450  
City-State-Zip: ATLANTA GA 30309Title SECRETARY  
Name NORTHCUTT, CHARLES WIII  
Address 100 CAMELLIA DRIVE  
City-State-Zip: DOTHAN AL 36302Title SENIOR VP  
Name SULAIMAN, NICK  
Address 1819 PEACHTREE ROAD, NE  
SUITE 450  
City-State-Zip: ATLANTA GA 30309Title ASSISTANT SECRETARY  
Name WRIGHT, PETER M  
Address 1819 PEACHTREE ROAD, NE  
SUITE 450  
City-State-Zip: ATLANTA GA 30309

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE: JOHN R. WEST****CFO****03/25/2014**

Electronic Signature of Signing Officer/Director Detail

Date