

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000004696

**FILED**  
**Apr 06, 2023**  
**Secretary of State**  
**1543368916CC**

**Entity Name:** RESOURCE HOUSING OF AMERICA, INC.

**Current Principal Place of Business:**

3350 RIVERWOOD PARKWAY  
BLDG 1, SUITE 800  
ATLANTA, GA 30339

**Current Mailing Address:**

3350 RIVERWOOD PARKWAY  
BLDG 1, SUITE 800  
ATLANTA, GA 30339 US

**FEI Number:** 35-2492225

**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 D  
Name WALKER, WILLIAM P  
Address 224 QUAIL LANE  
City-State-Zip: DADEVILLE AL 36853-9328

Title D  
Name OAKES, WILLIAM HOWARD  
Address 32 RHODES DRIVE  
City-State-Zip: MARIETTA GA 30068

Title D, CEO  
Name COATS, BRYANT G  
Address 3350 RIVERWOOD PARKWAY  
BLDG 1, SUITE 800  
City-State-Zip: ATLANTA GA 30339

Title DS  
Name NORTHCUTT, CHARLES W III  
Address 100 CAMELLIA DRIVE  
City-State-Zip: DOTHAN AL 36303

Title D  
Name LOFTIN, JAMES D JR.  
Address 110 ANNA LEE DRIVE  
City-State-Zip: DOTHAN AL 36303

Title D  
Name DRUMMOND, ALISON M  
Address 3452 GREYSTONE COURT  
City-State-Zip: MARIETTA GA 30068

Title VP/AS, DIRECTOR  
Name NORTHCUTT, CHASE  
Address 3350 RIVERWOOD PARKWAY  
BLDG 1, SUITE 800  
City-State-Zip: ATLANTA GA 30339

Title DIRECTOR  
Name WEST, JOHN R  
Address 3350 RIVERWOOD PARKWAY  
BLDG 1, SUITE 800  
City-State-Zip: ATLANTA GA 30339

**Continues on page 2**

*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:** CHASE NORTHCUTT

VP

04/06/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name HAMILTON, JOHN  
Address 5555 GLENRIDGE CONNECTOR  
SUITE 600  
City-State-Zip: ATLANTA GA 30305

Title DIRECTOR  
Name STREET, BRUCE R.  
Address 3350 RIVERWOOD PARKWAY  
BLDG 1, SUITE 800  
City-State-Zip: ATLANTA GA 30339

Title CFO  
Name FARMER, NATHAN  
Address 3350 RIVERWOOD PARKWAY  
BLDG 1, SUITE 800  
City-State-Zip: ATLANTA GA 30339