#### **2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000004696

Entity Name: RESOURCE HOUSING OF AMERICA, INC.

FILED
Mar 24, 2022
Secretary of State
5321369817CC

## **Current Principal Place of Business:**

1819 PEACHTREE ROAD, NE

SUITE 520

ATLANTA, GA 30309

#### **Current Mailing Address:**

1819 PEACHTREE ROAD, NE SUITE 520 ATLANTA, GA 30309 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:

Title

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

D

Title D Title D

Name WALKER, WILLIAM P Name OAKES, WILLIAM HOWARD

Address 224 QUAIL LANE Address 32 RHODES DRIVE

City-State-Zip: DADEVILLE AL 36853-9328 City-State-Zip: MARIETTA GA 30068

Title D, CEO Title DS

Name COATS, BRYANT G Name NORTHCUTT, CHARLES W III

Address 1819 PEACHTREE ROAD, NE Address 100 CAMELLIA DRIVE SUITE 520 City-State-Zip: DOTHAN AL 36303

City-State-Zip: ATLANTA GA 30309

Title

Name DRUMMOND, ALISON M
Name LOFTIN, JAMES D JR.
Address 110 ANNA LEE DRIVE Address 3452 GREYSTONE COURT

City-State-Zip: MARIETTA GA 30068

Title DIRECTOR

Name WEST, JOHN R

Name NORTHCUTT, CHASE

Address 1819 PEACHTREE ROAD, NE SUITE 520

SUITE 520 City State 7 in: ATLANTA

City-State-Zip: ATLANTA GA 30309

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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 PRESIDENT 03/24/2022

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name HAMILTON, JOHN Name STREET, BRUCE R.

5555 GLENRIDGE CONNECTOR Address Address 1819 PEACHTREE RD NE S-520

SUITE 600

City-State-Zip: ATLANTA GA 30305 City-State-Zip: ATLANTA GA 30309