

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Suzanne M. Weaver
Secretary of State
Tallahassee, Florida 32301

DOCUMENT # **768977** (1)
TALLAHASSEE RHF HOUSING, INC.

APPROVED
FILED
06/17/1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **1433 NO ADAMS STR
TALLAHASSEE FL 32303-5562
US**

Mailing Address: **5150 E PACIFIC COAST HWY
STE 600
LONG BCH CA 90804
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Chartered: **06/17/1983**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **59-2314057**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for unreported tax under § 199.999, Florida Statutes: Yes No

2. Principal Place of Business: **21**

2a. Mailing Address: **26 C/O RETIREMENT HOUSING FOUNDATION**

22. Suite, Apt. #, etc.: **27**

23. City & State: **28**

24. Zip: **25** County: **29** Zip: **30** County: **31**

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name: _____

82 Street Address (P.O. Box Number is Not Acceptable): _____

83 _____

84 City: _____

85 FL Zip Code: _____

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE: D	SCISSON, BURKE 2104 SKYLAND DRIVE TALLAHASSEE FL	11. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. TITLE: VD	COWART, MARIE CTR. GERONTOLOGY, F.S.U. TALLAHASSEE FL	11. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. TITLE: D	MURPHY, JOHN J.S. 410 VICTORY GARDEN DRIVE TALLAHASSEE FL	11. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. TITLE: STD	ALTHOLZ, JUDITH 203 E. MERIDIANNA DR. TALLAHASSEE FL	11. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. TITLE: PD	MONCRIEF, LIZANNE 2111 GREAT OAKS DR. TALLAHASSEE FL	11. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. TITLE: SD	LISTOE, LINDA 5150 E PACIFIC COAST HWY, STE 600 LONG BCH CA	11. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 199.07(3)(b), 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 receive this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or an attachment with an address.

SIGNATURE: *Linda Listoe* **Linda Listoe** 4/17/95 310-597-5541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR