


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 768977**

1. Entity Name  
**TALLAHASSEE RHF HOUSING, INC.**



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

Mailing Address  
**C/O RHF 911 STUDEBAKER RD  
 LONG BEACH, CA 90815-4900 US**

**DO NOT WRITE IN THIS SPACE**



03202006 No Chg-NP CR2E037 (11/05)

4. FE) Number <b>59-2314057</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
 2731 EXECUTIVE PARK DRIVE  
 SUITE 4  
 WESTON, FL 33331**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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

**000000430698**  
**04/18/06-80067-014 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOSEPH, LAVERNE R 911 N STUDEBAKER ROAD LONG BEACH, CA 908154900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MASUDA, TOM S 911 N STUDEBAKER ROAD LONG BEACH, CA 908154900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KING, DONALD W 911 N STUDEBAKER RD LONG BEACH, CA 908154900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VON RUSTEN, JOHN 911 N STUDEBAKER RD LONG BEACH, CA 908154900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LISTOE, LINDA 911 N STUDEBAKER RD LONG BEACH, CA 908154900
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRNKA, JOHN 911 N STUDEBAKER RD LONG BEACH, CA 908154900

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Linda Listoe **Linda Listoe** 02/31/2006 **(562) 257-5100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #