2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Apr 01, 2008 08:00 Al Secretary of State

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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

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03202008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-2314057 Applied For Not Applicable

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

DO NOT WRITE

SUITE 4 WESTON, FL 33331		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							
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Finan Trust Fund Contribution.	cing \$5.00 May Be Added to Fees	U00000876533 04/11/09-90076-014 61 25			
10.	OFFICERS AND DIREC	CTORS		01.11.00 00010 014 01.170			
TITLE NAME STREET ADDRESS CATY-ST-ZIP	PD JOSEPH, LAVERNE R 911 N STUDEBAKER ROAD LONG BEACH, CA 908154900		Part of the same				
TITLE NAME STREET ADDRESS CITY+ST-ZIP	DT MASUDA, TOM S 911 N STUDEBAKER ROAD LONG BEACH, CA 908154900		and the state of the				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KING, DONALD W 911 N STUDEBAKER RD LONG BEACH, CA 908154900		DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTTER, CHRISTINA 911 N STUDEBAKER RD LONG BEACH, CA 908154900		more than the man	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STOUFF, DEBORAH 911 N STUDEBAKER RD LONG BEACH, CA 908154900	•					
TITLE NAME STREET ADDRESS CITY-SY-ZIP	D TRNKA, JOHN 911 N STUDEBAKER RD LONG BEACH, CA 908154900	· · · · · · · · · · · · · · · · · · ·					
12. Hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information in the property of t							

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: Deborah J. Stouff, Secretary 3-24-08 562-257-5100 Daytime Prione #