### **2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 768977** 

Entity Name: TALLAHASSEE RHF HOUSING, INC.

Apr 16, 2013 Secretary of State CC8712714233

**FILED** 

# **Current Principal Place of Business:**

1433 NO ADAMS STR

TALLAHASSEE, FL 32303-5562

# **Current Mailing Address:**

C/O RHF 911 STUDEBAKER RD LONG BEACH. CA 90815-4900 US

FEI Number: 59-2314057 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC. 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 PD Title DT

Name JOSEPH, LAVERNE R Name MASUDA, TOM S

Address 911 N STUDEBAKER ROAD Address 911 N STUDEBAKER ROAD

City-State-Zip: LONG BEACH CA 90815-4900 City-State-Zip: LONG BEACH CA 90815-4900

Title DV Title D

Name SEXTON, DARRYL M Name POTTER, CHRISTINA

Address 911 N STUDEBAKER RD Address 911 N STUDEBAKER RD

City-State-Zip: LONG BEACH CA 90815-4900 City-State-Zip: LONG BEACH CA 90815-4900

Title S Title D

Name STOUFF, DEBORAH Name TRNKA, JOHN

Address 911 N STUDEBAKER RD Address 911 N STUDEBAKER RD

City-State-Zip: LONG BEACH CA 90815-4900 City-State-Zip: LONG BEACH CA 90815-4900

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: DEBORAH J. STOUFF

**SECRETARY** 

04/16/2013