

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 768977

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

**Current Principal Place of Business:**

911 N. STUDEBAKER RD.  
LONG BEACH , CA 90815

**Current Mailing Address:**

911 N. STUDEBAKER RD.  
LONG BEACH , CA 90815 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            PRESIDENT  
Name            HARTMAN, STUART  
Address        911 N. STUDEBAKER RD.  
City-State-Zip: LONG BEACH CA 90815

Title            TREASURER, DIRECTOR  
Name            HART, DONALD G  
Address        911 N. STUDEBAKER RD.  
City-State-Zip: LONG BEACH CA 90815

Title            VP  
Name            SEXTON, DARRYL M  
Address        911 N. STUDEBAKER RD.  
City-State-Zip: LONG BEACH CA 90815

Title            SECRETARY  
Name            FOX BUCHAN, LAURA  
Address        911 N. STUDEBAKER RD.  
City-State-Zip: LONG BEACH CA 90815

Title            DIRECTOR  
Name            MOYER, DAVID  
Address        911 N. STUDEBAKER RD.  
City-State-Zip: LONG BEACH CA 90815

Title            DIRECTOR  
Name            EAST, RAYMOND  
Address        911 N. STUDEBAKER RD  
City-State-Zip: LONG BEACH CA 90815-4900

Title            DIRECTOR  
Name            BUNN, ANDREW  
Address        911 N. STUDEBAKER RD.  
City-State-Zip: LONG BEACH CA 90815

Title            SECRETARY  
Name            BAUMAN, JOHN  
Address        911 N. STUDEBAKER RD.  
City-State-Zip: LONG BEACH CA 90815

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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:** FOX BUCHAN , LAURA

**SECRETARY**

**08/05/2022**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           DESAEGHER, NORMA  
Address        911 N. STUDEBAKER RD.  
City-State-Zip: LONG BEACH CA 90815

Title           DIRECTOR  
Name           POLLOCK, R, JEFFREY  
Address        911 N. STUDEBAKER RD.  
City-State-Zip: LONG BEACH CA 90815