

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 DIRECTOR
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

08/09/2022

_____ 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